DOCUMENT RESUME

ED 390 010 CG 026 765

AUTHOR Russell, Diana E. H.
TITLE Incestuous Abuse: Its Long-Term Effects.
SPONS AGENCY Human Sciences Research Council, Pretoria (South Africa).
REPORT NO ISBN-0-7969-1651-9
PUB DATE 95
NOTE 111p.
PUB TYPE Books (010) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Adult Children; *Child Abuse; *Family Violence; Females; Foreign Countries; *Incidence; Interviews; Parent Child Relationship; Qualitative Research; *Sexual Abuse; *Victims of Crime; Violence
IDENTIFIERS South Africa

ABSTRACT

Despite the growing recognition of the prevalence of incest which is challenging traditional views about the family as a safe haven for children, there is a serious paucity of scientific research on incest in South Africa in the new field of family violence. Almost a century after Sigmund Freud dismissed most women's reports of incest victimization as wishful fantasy, the extent of the damage done by this form of abuse remains controversial in South Africa, with some researchers maintaining that incest victims often suffer no severe effects. This report presents the findings of a qualitative study designed to explore the short- and long-term effects of incestuous abuse experienced by 20 adult women incest survivors. Although all but one of the in-depth interviews were conducted with women who at the time were residing in Cape Town, the places in which the incestuous abuse had occurred are dispersed throughout South Africa. The purpose of this study is to inform policy discussions on incestuous abuse, violence in South Africa, and violence against women in general. Includes information on prevalence of incestuous abuse, study methodology, characteristics of incestuous abuse, initial effects abuse; and long-terms effects. The document provides extensive tables and three appendices. (JBJ)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 390 010

INCESTUOUS ABUSE:
its long-term effects

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

J. G. GARBERS

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Diana E.H. Russell

CG026765

BEST COPY AVAILABLE

INCESTUOUS ABUSE:
its long-term effects

An exploratory study

Diana E.H. Russell

HSRC
PRETORIA
1995

3

The Co-operative Research Programme on Marriage and Family Life is centred within the Group: Social Dynamics of the Human Sciences Research Council. The emphasis in the programme is on the structure and dynamics of family life, the nature of family disorganization and disintegration, and the nature of the changes taking place with regard to family structure and family processes in society. In this report the emphasis is on the effects of incestuous abuse on adult female survivors.

The opinions expressed in the report are those of the authors and should not necessarily be viewed as those of the Main Committee of the Co-operative Research Programme on Marriage and Family Life.

Co-operative Research Programme on Marriage and Family Life

Series editor: *Ina Snyman*, HSRC

ISBN 0 7969 1651 9

© Human Sciences Research Council, 1995
Published by the HSRC, Pretoria

Obtainable from:
The HSRC Publishers
Private Bag X41
PRETORIA
0001

Tel: (012) 202 2079/2014/2103
Fax: (012) 202 2891

EKSERP

Ten spyte daarvan dat al meer erken word dat die hoë voorkoms van bloedskande 'n vraag plaas oor die tradisionele aanname dat die gesin 'n veilige hawe vir kinders is, is daar 'n ernstige skaarsste aan wetenskaplike navorsing oor bloedskande in Suid-Afrika binne die nuwe gebied van gesinsgeweld.

Byna 'n eeu nadat Sigmund Freud meeste verslae deur vroue oor bloedskande viktimisasie afgemaak het as wensdenkery, bly die omvang van die skade wat hierdie vorm van misbruik aanrig, 'n strydvraag in Suid-Afrika. Dr. Ann Levett, 'n uitstaande navorser oor bloedskande in Suid-Afrika, gee te kenne dat die slagoffers van bloedskande geen ernstige skade opdoen nie. Dit is egter onwaarskynlik aangesien die navorsing van aansien wat elders gedoen is aantoon dat bloedskandelike misbruik 'n kritiese probleem is met ernstige gevolge vir die meeste bloedskande slagoffers. Nietemin het slegs twee, nie-Suid-Afrikaanse, navorsers Levett se gevolgtrekkings bevraagteken (ek en 'n Britse navorser, Liz Kelly). Dit is dus wesenlik belangrik om navorsing oor dié saak in Suid-Afrika te doen.

Hierdie verslag gee die bevindinge weer van 'n kwalitatiewe studie wat ontwerp is om die kort- en langtermyneffek van misbruik deur bloedskandelike optrede op 20 volwasse vroulike slagoffers te ontgin. Hoewel byna al die diepte-onderhoude gevoer is met vroue wat tydens die studie in Kaapstad gewoon het, het die dade van bloedskande op verskillende plekke in Suid-Afrika plaasgevind. Die doel van hierdie studie is om inligting te voorsien wat bruikbaar sal wees vir beleidsbesprekings oor bloedskande, geweld in Suid-Afrika en geweld teenoor vroue in die algemeen.

ABSTRACT

Despite the growing recognition of the prevalence of incest which is challenging traditional views about the family as a safe haven for children, there is a serious paucity of scientific research on incest in South Africa in the new field of family violence.

Almost a century after Sigmund Freud dismissed most women's reports of incest victimization as wishful fantasy, the extent of the damage done by this form of abuse remains controversial in South Africa. Dr Ann Levett, South Africa's pre-eminent researcher on incestuous abuse, maintains that incest victims often suffer no severe effects. Since the most reputable research elsewhere has shown incestuous abuse to be a critical problem with many severe repercussions for most incest survivors, this is likely to be the case in South Africa. Nevertheless, only two non-South African researchers have questioned Levett's conclusion on this matter (myself and British researcher, Liz Kelly), so it is vitally important to conduct research in South Africa that addresses this issue.

This report presents the findings of a qualitative study designed to explore the short- and long-term effects of incestuous abuse experienced by 20 adult women incest survivors. Although all but one of the in-depth interviews were conducted with women who at the time were residing in Cape Town, the places in which the incestuous abuse had occurred are dispersed throughout South Africa. The purpose of this study is to inform policy discussions on incestuous abuse, violence in South Africa, and violence against women in general.

ACKNOWLEDGMENTS

I am indebted to Dr Ina Snyman and the Main Committee of the Co-operative Research Programme on Marriage and Family Life of the Human Sciences Research Council for their understanding that changes became necessary in the research design after I had commenced my project, and for permitting me more time in which to complete this project than the year I had originally planned.

I am grateful to the Centre of African Studies, University of Cape Town for accepting me as a Research Associate during the pilot phase of this project, and to the Institute of Criminology (also UCT) for appointing me as a Research Associate during all but the last month of it.

I would like to thank Moira Maconachie, Senior Researcher at the HSRC, for her very valuable assistance with this project from its inception. She gave me useful advice on my proposal, took an ongoing interest in my research, and always responded promptly to my requests for feedback and advice.

A very special thanks to Marcel Londt for her tremendous assistance in obtaining volunteers for this research, Laurette Roos for her help in encouraging at least two Afrikaans-speaking women to volunteer, Steven Collings for making some of his unpublished data available to me, Charlene Thompson for her excellent transcriptions, Ronel Alberts and Joanne Becker for their assistance with the coding phase of this research, Mary Armour for her excellent editorial assistance, often requested at very short notice, and Roger Haslett for his cheerful help with computer problems on numerous occasions. I am also grateful to Joanne Becker, Vanessa Edwards, Niki Hall-Jones, and Angela Harraway for assisting me with this project in a variety of ways. Joanne Becker's help was particularly indispensable. In addition, I very much appreciate the emotional support and encouragement that I received from Rhoda Kadalie, Marcel Londt, David Russell and my mother, Molly Russell.

Last, but not least, I want to thank all the incest survivors who volunteered to be interviewed for this study. I was, and am, profoundly moved by their willingness to trust and open up to me with the most astonishing honesty, and for their willingness to share their experiences with readers of this report and other publications that will result from this research.

CONTENTS

		Page
Ekserp/Abstract		
Acknowledgments		
Chapter 1:	Introduction	1
Chapter 2:	The prevalence of incestuous abuse	8
Chapter 3:	The study methodology	13
Chapter 4:	The incest survivors: Introducing the women	24
Chapter 5:	The characteristics of the incestuous abuse	30
Chapter 6:	The initial effects of incestuous abuse	42
Chapter 7:	The long-term effects of incestuous abuse	54
Chapter 8:	Conclusion and recommendations	78
References		91
Appendix I:	Reasons for confining this study to white women	95
Appendix II:	Consent form	98
Appendix III:	Form for obtaining basic demographics on incest survivors	99
About the author		101

LIST OF TABLES

TABLE		
2.1	Incestuous abuse prevalence rates by perpetrator: A comparison	12
3.1	Provinces in which incest survivors were raised	19
4.1	Ethnic identification of incest survivors based on parents' ethnicity	26
4.2	Ethnicity of incest survivors (self-identified)	26
4.3	Religious upbringing and current preference of survivors	27
4.4	Religious upbringing and current preference of survivors (dichotomized)	28
5.1	Multiple incest victimization	31
5.2	Type of relative who committed incestuous abuse	32
5.3	Age of survivors at onset of incestuous abuse	34
5.4	Age of survivors at termination of incestuous abuse	35
5.5	Age of perpetrators at onset of incestuous abuse	36
5.6	Age disparity between survivor and perpetrator at onset of incestuous abuse	37
5.7	Frequency of incestuous abuse	38
5.8	Duration of incestuous abuse when it occurred more than once	39
5.9	Severity of incestuous acts	39
5.10	Severity of force or violence accompanying incestuous abuse	40

CHAPTER 1

INTRODUCTION

GOALS OF STUDY

Despite the growing recognition of the prevalence of incest which is challenging traditional views about the family as a safe haven for children, there is a serious paucity of scientific research on incest in South Africa in the new field of family violence.

My aim in this research was to conduct an exploratory sociological study based on in-depth interviews with adult incest survivors about the effects of this abuse on their lives. Since researchers in other countries have shown incest to be a critical problem with many severe repercussions for most of the survivors (Bagley & King, 1990; Briere, 1992; Courtois, 1992; Draijer, 1992; Herman, 1981; Faller, 1988; Russell, 1986; Walker, 1988; Wyatt & Powell, 1988), I anticipated that my study would help to raise awareness and concern in South Africa about the fact that many children are being hurt in the privacy of their own homes by members of their own families.

I also hoped that this study would help to motivate women and men who work in the helping professions, as well as the public at large in the new South Africa, to insist that urgent steps be taken to prevent and alleviate this serious and widespread problem.

In addition, I hoped that this study would help to inform policy discussions on family violence in the new South Africa.

MAJOR HYPOTHESIS

Ann Levett, South Africa's pre-eminent researcher on incestuous abuse, maintains that incest victims often suffer no severe long-term effects. The major hypothesis to be investigated in this study is that incestuous abuse in South Africa – as elsewhere – frequently results in serious initial and long-term damage. Determining which of these hypotheses is correct is vitally important for social policy.

LITERATURE REVIEW

Whether or not the term "damage" aptly describes the common outcome of incestuous sexual abuse, has resulted in what I believe to be the most controversial debate in the history of the feminist journal, *Agenda: A Journal About Women and*

Gender, that published it (Levett, 1990; Russell, 1991; Levett, 1992; Mayne, 1993; Russell, 1993). I started this debate by objecting to Ann Levett's serious minimization of the destructive effects that survivors of child sexual abuse, particularly incestuous abuse, frequently experience (Russell, 1991). In the following passage, for example, Levett concedes that child sexual abuse is occasionally harmful:

> This is not to say that such experiences [of child sexual abuse] have no effects whatsoever, but rather that all except the most physically injurious or dangerous situations are likely to be diluted in the general wash of similar experiences (1988, p. 132).

"Similar experiences" presumably refer to other distressing experiences to which women are frequently subjected in patriarchal societies.

Although Levett has written a doctoral dissertation and many articles in which she attempts to refute the contention that incestuous abuse is often a damaging experience for victims/survivors, she has never conducted empirical research on incest survivors that could substantiate or contradict this contention.[1]

Catriona MacLeod comments that "there is a surprising lack of research in this country concerning the possible psychosocial consequences of [child] sexual abuse" (1990, p. 14), although she does not attempt to explain this dearth. Some South African scholars and members of the helping professions fill the void by citing the findings of British and United States[2] studies as if they can be directly applied to South Africa. Many of them fail to mention that they feel obliged to do this because of the lack of South African research (for example, Molteno, 1984, pp. 31-31; Sandler & Sepel, 1990, pp. 211-250; Theart, 1988, pp. 19-22). But, as Levett and MacLeod point out, "it is not appropriate to be applying dominant western conceptualisations" until research in South Africa has established that there are no major differences (1991, p. 7).

---

1 Levett does offer an analysis of clinical material on three incest survivors who were her clients (1988). While she maintains that these survivors were incorrect in believing that their incest experiences were the cause of their distress and personal problems, I found her dismissal of their perceptions entirely unconvincing. Levett did not even attempt to support, by rational argument or empirical research, the explanation for their problems that she favours. In addition, she does not bother to try to explain to her readers why she believes that the child's earliest relationship with her mother is the most significant influence in her life — one that outweighs any but the most physically violent experiences of incestuous abuse.

2 The reader may notice that I consistently refer to the United States rather than to America. Many progressive people in the US avoid using the terms "America/n" to refer to the United States since residents of South America and Canada have protested that they are also Americans living on the American continent.

South Africa has its own apologists for incestuous abuse, as do the United States and Britain. Grant Robertson, a police officer with an honours degree in psychology, for example, writes as follows:

> *There are some daughters who genuinely enjoy the incestuous relationship and all its benefits.* Firstly, there is the increased attention that the child receives from her father. *She is treated in a very special way, not as a daughter but as an equal.* Secondly, many daughters in these situations become the mother figure in the family. The child will most likely look after the younger children, cook and clean and do the other domestic chores. She will gradually assume all of the weaker mother's chores and duties. It also happens that some mothers are forced to go out to work because the father is unemployed. During the afternoons and school holidays the daughter develops into the "mother of the house". This is not because the mother is weak, but rather due to economic pressure on the family unit. Although this new-found responsibility may be demanding it does have its benefits. However, not all daughters assume the full motherly role. Some may merely **enjoy** a "husband-wife" relationship with their fathers. Daughters who are passionately in love with their fathers are not likely to disclose this relationship either. Even when found out, the daughter is a reluctant, unco-operative witness. *She, like her father, wishes to preserve the relationship at all costs* (1989, pp. 14-15; emphases added).

Robertson's ignorant and victim-blaming statements ignore the real reasons why daughters are often reluctant to disclose their father's sexual abuse (e.g., fear of punishment by either or both parents and/or others, fear of breaking up the family, fear of upsetting or devastating their mothers, fear of being disbelieved, fear of being ejected from the family, inappropriate guilt because of statements made by the perpetrator; see, for example, Herman, 1981; Russell, 1986; Briere, 1989). Robertson's notion that incestuously abused daughters enjoy an equal relationship with their abusive fathers could not be further from the truth. The father-daughter incest relationship epitomizes one of the most extreme types of power imbalances. This partially explains why many daughter victims feel unable to deny their fathers' demands or resist their abusive sex acts, no matter how painful or frightening they are.

Robertson also fails to distinguish between the enjoyment incest victims may experience if they are singled out for special privileges and their feelings about the sexual abuse experiences *per se*. He goes so far as to maintain that they enjoy the latter, though he provides not a shred of evidence for his contention. Finally, Robertson presumes that daughters who have to assume responsibility for the household cooking, cleaning, and other domestic chores, as well as raising their younger siblings, are fortunate rather than unfortunate. The paragraph from Robertson quoted above is typical of the kind of sexist bias inherent in most

scholarly writings by researchers and clinicians (primarily male) before a strong feminist movement has developed to challenge such misogynist nonsense.

Fortunately, most other South African writers either assume or argue that child sexual abuse victims/survivors frequently suffer from both short- and long-term negative consequences (for example, Collings, 1989, 1994a (p. 188), 1994b (p. 177); Molteno, 1984, pp. 31-31; Sandler and Sepel, 1990, pp. 211-250; Theart, 1988, pp. 19-22). These scholars may have benefited from the revolution in thinking and research on sexual abuse and violence against women that feminists have effected in the United States and Britain. Celia Theart, for example, contends that, "Whatever the consequences might be for a particular person, child sexual abuse will leave its mark on that person's life forever" (1988, p. 22). And Stephen Collings describes as a myth the view that "incest does not have harmful effects" (1989, p. 21).

DEFINITIONS AND TERMINOLOGY

Legal definition

Incest is defined in South African law as "unlawful and intentional sexual intercourse between male and female persons who are prohibited from marrying each other because they are related within the prohibited degrees of consanguinity, affinity or adoptive relationship" (Snyman, 1989, p. 327). However, only the following types of relatives are prohibited from marrying (Cronjé, 1991):

- Consanguineal relations in the direct line, that is, blood relatives who share a common ancestor *and* who are ascendants or descendants in the direct line, such as parents and children, and grandparents and grandchildren.
- Consanguineal relations in the collateral line, that is, blood relatives who share a common ancestor and one of whom is only a generation away from the common ancestor, such as siblings, uncles and nieces, and aunts and nephews.
- Affinal relations in the direct line, that is, a man and the blood relatives of his ex-wife and a woman and the blood relatives of her ex-husband, for example, a man and his former mother-in-law, a woman and her former grandfather-in-law, and a step-parent and step-child.[3]
- Parents and their adopted children.

South African law does *not* outlaw sexual relations between step-relatives other than a step-parent and step-child. Thus, sex between a step-sister and her step-brother,

3 The above-mentioned categories also apply to relatives who are half, rather that full blood relations.

between a step-uncle and his step-niece, and between a step-granddaughter and her step-grandfather, is not deemed to be incestuous in law. As Levett and MacLeod point out:

> the law lags way behind current attitudes and understandings. Most researchers and practitioners use broad sociological or psychologically informed definitions in which coercion, the lack of informed consent on the part of the child and the relatively powerful position of the perpetrator (as adult, or as male) are taken into account. (1991, pp. 2-3).

Because the legal definition of incest is limited to acts of penile-vaginal intercourse, most incest researchers and clinicians reject it as being too narrow and psychologically meaningless. Regarding penile-vaginal intercourse committed by a relative who is prohibited from marrying his victim as incest but anal rape by the same relative as some other kind of crime, is plainly ridiculous. Singling out penile-vaginal intercourse as the only sex act to qualify as incestuous abuse is a relic of the historic preoccupation with virginity in an era when pregnancy was often the consequence of this act.

Although there is no consensus on an alternative to the legal definition of incest, most clinicians and researchers who deal with incest include oral sex and genital fondling as examples of incestuous abuse. Researchers are more apt to use broader definitions of incestuous abuse than clinicians. Many researchers, for example, include in their definitions of child sexual abuse or incest those experiences in which men expose their genitals or make verbal sexual propositions (for example, Finkelhor, 1979; Gagnon, 1965; Kinsey *et. al.*, 1953; Wyatt, 1985).

In her classic book, *Father-daughter incest*, Judith Herman (both a researcher and a clinician) broadens the concept of father-daughter incest to include "seductive fathers" whose sexual overtures towards their daughters are confined to flirting and/or verbal propositions. Herman reports that these daughters suffer from many of the same effects as daughters who are subjected to incestuous abuse involving sexual contact, although the consequences are usually significantly less severe.

Sociological definition

I define incestuous abuse as *any kind of exploitative sexual contact or attempted sexual contact that occurs between relatives, no matter how distant the relationship* (Russell, 1986, p. 59). Sexual contact or attempted contact is considered exploitative when it is unwanted and/or when there is a power imbalance between the relatives involved, for example, when the age difference between them is three years or more.

The term "incestuous abuse" rather than "incest" is used so as to distinguish exploitative sexual encounters between relatives from harmless, non-exploitative sex play between relatives who are approximately the same age.

On the one hand, this definition of incestuous abuse excludes the relatively mild forms of non-contact sexual abuse by a relative such as exhibitionism and verbal sexual harassment. On the other hand, it is much broader than the legal definition in the range of sex acts included, as well as in its inclusion of both consanguineal and non-consanguineal relationships.

DETERMINING THE EFFECTS OF INCESTUOUS ABUSE

In 1978, I conducted a study funded by the United States Government, to try to assess the prevalence and effects of all kinds of sexual assault, including incestuous abuse, in San Francisco, California.[4] To this end, a multi-ethnic probability sample of 930 women aged 18 years and older were interviewed (Russell, 1986). The degree of trauma reported by incest survivors following their abuse experiences in this study was significantly related to the frequency of such incidents, their duration, the forcefulness or violence accompanying them, their severity (ranging from intercourse to unwanted sexual kisses and other forms of sexual touching), the victims' relationship with their perpetrators (e.g., father-daughter incestuous abuse was the most traumatic form), and whether or not they were sexually abused by more than one relative (Russell, 1986). Other research has confirmed most of these findings in many different settings (Browne & Finkelhor, 1986).

Helese Sandler and Nicola Sepel suggest that the severity of the effects of incestuous abuse depends on "the child's emotional state prior to the abuse; the ongoing nature of the abuse; the familiarity of the offender; and the family's way of coping with the abuse" (1990, pp. 235-236). Others have emphasized the importance of people's reactions on learning about the incestuous abuse (in those cases where it is disclosed), particularly those of the mothers, fathers, (when they are not the abusers), siblings, counsellors, and other professionals. Doubtless, future research will confirm or contradict some of these hypotheses, as well as uncover many more factors that are significantly related to the effects of incestuous abuse.

Trying to determine whether the psychological and physiological problems that many incest survivors experience are actually **caused** by the incestuous abuse, or by other confounding variables such as the quality of the girl's relationships with one or both of her parents prior to, during, and/or after the abuse, and/or by the extent of other forms of emotional and/or physical abuse or neglect, remains a thorny issue.

---

4 National Institute of Mental Health Grant R01MH28960.

The more specific psychological problems are found to be associated with incestuous abuse, the more likely it is that a causal relationship exists between them. Many causal relationships have been established by correlational research with or without the use of control groups, such as cigarette smoking and lung cancer, and alcohol consumption and car accidents. The use of control groups, although helpful, does not prove beyond a doubt that it is the smoking — rather than a contaminating variable co-occurring **with** smoking — which is the more significant factor in causing lung cancer. Nevertheless, most smoking researchers are satisfied that a causal relationship between smoking and lung cancer has been established. This, of course, does not mean that all smokers will get lung cancer. It means that smoking significantly increases their risk of getting it, but other relevant factors may render them less vulnerable to the harmful effects. This is also true of incestuous abuse. An experience of incestuous abuse significantly increases the likelihood that a survivor will subsequently experience sexual problems, but this may not happen if they receive appropriate therapeutic intervention, for example.

Because of the importance of this issue, the consequences of incestuous abuse will be addressed again later in this report.

INCESTUOUS ABUSE AND THE FAMILY

One of the most fundamental principles on which virtually all psychologists agree is that a human being's experiences and relationships with their family members during childhood play a vital role in their well-being for the rest of their lives. The exposure of widespread physical and emotional abuse within the family has therefore been of great concern. Some people have also been distressed to learn about the prevalence of wife abuse, not just because of the damage it does to wives, but also because of its destructive impact on children and the family ill health signalled by it.

Awareness of intrafamilial child sexual abuse or incestuous abuse (the term preferred in this report) is also growing, due to increasing numbers of reported cases, greater coverage in the media, and greater willingness to believe that the abuse is really happening on the part of some of the professionals who handle such cases. The fact that this exploratory study was funded by the Co-operative Programme on Marriage and Family Life also indicates a recognition that families within which incestuous abuse is occurring or has occurred, cannot be psychologically healthy for their members.

CHAPTER 2

THE PREVALENCE OF INCESTUOUS ABUSE

ANNE LEVETT'S STUDY

Anne Levett is the only researcher in South Africa who has published a study that purports to address the prevalence of child sexual abuse among girls (1989). She found that 44% of her sample of 94, mostly white, female student volunteers in one psychology class at the University of Cape Town reported at least one experience of sexual abuse before the age of 18 (1988, 1989).

The major problem with Levett's conclusion is that the methodology of that study did not permit her to draw sound conclusions about the prevalence of child sexual abuse. Among other reasons, she failed to even ask the students to divulge their experiences of child sexual abuse. A description of Levett's methodology follows (described in her 1989 article, unless otherwise specified):

> The female students were assigned to single-sex groups of approximately six subjects, and asked to undertake different tasks in five one-hour group meetings. Session one involved "warm-up tasks" so the students could get to know each other. In session two, the subjects were given a set of statements about gender socialization to read and discuss. The third session entailed reading and discussing vignettes about child sexual abuse [Levett emphasizes that subjects were not encouraged to disclose their personal experiences of such abuse]. In session four they discussed a single question: "To what extent and in what form are the practices of child-rearing of female children aimed at the prevention of child sexual abuse?" (1998, p. 124). The fifth and final session involved de-briefing about the group experiences, and instructions about three written assignments, the first two of which comprised academic essays. The third assignment required the subjects to write a personal account of the question discussed in Session 4.

Levett's basis for ascertaining the prevalence of child sexual abuse among females was entirely dependent on the experiences spontaneously mentioned in these subjects' personal accounts. This was the study design on which Levett based her expectation "that there would be a level of disclosure of experiences of childhood sexual abuse in the written assignment at least comparable with that reported for North American college student samples" (1989, p. 126).

Judging from my experience and knowledge of prevalence studies on highly taboo and stigmatized topics such as child sexual abuse, I do not share Levett's expectation. In contrast, I would expect that the more serious, shameful, and traumatic the experiences of child sexual abuse were, and the closer the relationships with the perpetrators, the more common it would be for subjects to maintain silence about them. I believe this is exactly what happened in Levett's study. For example, over half of the experiences disclosed by Levett's subjects involved no actual contact (52%, 1988, Table 4.1); only seven involved rape or attempted rape; and "no incestuous experience involving a close family member" was reported (1989, p. 127).[5] Furthermore, strangers were involved in 66% of the reported incidents (1989, p. 126).

On the basis of this study, Levett concluded that "prevalence figures for this group of South African students are as high as in the general population of adult women in North America" (1989, p. 127). I consider this conclusion totally unfounded. It is misguided to regard Levett's study as a sound study of the prevalence of child sexual abuse. It would be very nice to believe that there is no incestuous abuse involving close relatives in South Africa, or even in Levett's sample, but it is implausible.

Unfortunately, South African scholars and service workers continue to cite Levett's prevalence figures uncritically. For example, based on Levett's study, Collings states that "prevalence rates for South African university women have been found to be significantly higher than rates for American college women" (1991, p. 154). It is far better to know that no sound statistics are available than to believe that unsound statistics are valid.

STEVEN COLLINGS' STUDY

More recently, Collings has conducted a study of the prevalence of child sexual abuse among a sample of undergraduates at the University of Natal (1991). He handed out anonymous questionnaires to all students registered for undergraduate psychology courses at this institution. Although his sample included male and female subjects, his only published findings to date are on males (1991, 1993). This is ironic since in all countries where studies have been conducted, child sexual abuse has consistently been found to be far more prevalent among females (Finkelhor,

5 Although Levett maintains that her prevalence findings are comparable to mine (1988, Figure 4.1), 16% of my sample reported experiences of incestuous abuse, a high percentage of which involved close family members (Russell, 1986), while no such cases were reported in her sample.

1994, p. 411). Fortunately, Collings has made a few of his unpublished findings on females available to me.[6]

Collings defined child sexual abuse as "all unwanted contact or non-contact sexual experience involving a child of 17 years or younger" (1991, p. 153). He reported in his article about males that "contact abuse" included intercourse, manual genital contact, sexual touching/kissing, oral genital contact; and non-contact abuse included exhibitionism, performing sexual acts, sexual requests, voyeurism, and fear of sexual assault (1991, p. 155). Based on this extraordinarily broad definition, 29% of the 284 male students who participated in the study reported having been sexually abused in childhood.

In his comparative international study of prevalence rates for child sexual abuse (1994, p. 411), Finkelhor notes that Collings' rate for males is by far the highest in the 17 countries that report such rates for males (1994, p. 412). In drawing attention to Collings' unusually broad definition of sexual abuse, Finkelhor points out that two-thirds of the abuse experiences reported by males in this study involved no actual contact.

Although Collings does not mention in his personal communications with me that he changed his definition of sexual abuse for the female study, all the abuse experiences reported by the women that he made available to me, are confined to contact experiences. Hence, it appears that he used a much narrower definition in his analysis of the female data.

The average age of the 734 females who were eligible for the study (described as "the target sample" by Collings) was close to 20 years, and their ethnic breakdown was 64% white, 21% Asian, 11% African, and 4% "coloured." Six hundred and forty questionnaires were returned – a participation rate of 87%.

Over one-third (35%) of the 640 women students who returned questionnaires reported at least one experience of sexual abuse in childhood. Fourteen per cent of the 270 experiences involved sexual intercourse, 8% attempted intercourse, 5% oral sex, 62% genital fondling, and 11% "breast fondling, open-mouthed kissing, and other contact experiences that were experienced as sexual."

The perpetrators in almost a third (31%) of the female students' experiences of child sexual abuse were relatives, 29% were strangers, and 40% were acquaintances.

Collings notes that 13% of the females in his sample reported at least one experience of incestuous abuse.

---

6 Unless otherwise stated, I obtained the following information from two of Collings' letters in which he answered my questions about his unpublished research. These data and much more are presumably available in his just-completed doctoral thesis (1994).

DIANA RUSSELL'S US STUDY

Given the paucity of studies on the prevalence of incestuous abuse of females – or any other sex crime – in South Africa, US prevalence rates are frequently used to estimate the prevalence of incestuous abuse in South Africa and other countries that lack their own data.

The prevalence of both incestuous and extrafamilial child sexual abuse obtained from my probability sample in San Francisco in 1978 are frequently cited as the best available estimates of the prevalence of child sexual abuse in the United States (Russell, 1986). Indeed, my estimate that at least one in every three girls is sexually victimized before the age of 18 is also frequently cited as the best available estimate for South Africa by local experts.[7] Presumably this practice of applying foreign data to South Africa derives from an assumed commonality in the occurrence and dynamics of incestuous abuse in different nations, as well as the absence of satisfactory data in South Africa.

However, the foreign source of these statistics is typically not disclosed. This omission misleads the South African public into believing that valid studies have been undertaken in this country. This in turn results in a failure to put pressure on the government and/or other agencies to fund research designed to ascertain the prevalence of incestuous abuse and other forms of sex crimes against girls and women in South Africa.

Regarding the more specific prevalence of incestuous abuse, 16% (N = 152) of the 930 respondents in my survey reported at least one such experience before the age of 18 years. Four-and-a-half percent of the 930 respondents reported having been incestuously abused by their fathers (biological fathers, stepfathers, one foster father, and one adoptive father) (Russell, 1986).

Although these prevalence rates are much higher than those found by any previous researcher, they are actually underestimates of the magnitude of this form of sexual abuse. Because my study was based on a household sample, some of the populations with the highest rates of incestuous abuse were excluded; for example, mental hospitals, prisons, brothels, residential alcohol and other drug rehabilitation programmes, battered women's shelters, and homeless women. In addition, many women – particularly victims of incestuous abuse – are known to repress very traumatic experiences; for others, the abuse occurred when they were so young that they cannot remember it. Still other women undoubtedly chose not to disclose their experiences to an interviewer who was a total stranger.

---

7 This is not to say that the local experts are aware that my study is the original source of this estimate.

COMPARISON OF COLLINGS AND RUSSELL ON PREVALENCE OF INCESTUOUS ABUSE

The overall prevalence rates for incestuous abuse reported by Collings and myself are remarkably similar: 13% and 16%, respectively. So are the prevalence rates for sexual abuse by different relatives (see Table 2.1). This table does not include relatives for whom there were no or very few cases of sexual abuse. For example, in Collings' study no cases of mothers abusing their daughters were reported; in my study, there was one such case, but no sexually abusive grandmothers or aunts.

TABLE 2.1: INCESTUOUS ABUSE PREVALENCE RATES BY PERPETRATOR: A COMPARISON

Relative	**Collings' study (N = 640) %**	**Russell's study (N = 930) %**
Overall prevalence	13,0	16,0
Father	3,5	4,5
Brother	2,2	2,0
Sister	0,2	0,3
Grandfather	No information	1,2
Uncle	2,0	4,9
Aunt	0,2	0
Male cousin	No information	3,0*
Other male relative	6,4	2,4*
Other female rel.	0,5	0,3*

* These are approximations to facilitate the comparison with Collings' data.

The similarity in our prevalence rates is particularly remarkable given the very different methodologies we employed (Collings' questionnaire study of students compared to my probability sample of women residents in San Francisco, USA). It will be interesting to see whether this similarity will hold after further research has been done in South Africa.

The next chapter will focus on the study methods employed in my exploratory study of the impact of incestuous abuse on the victims.

CHAPTER 3

THE STUDY METHODOLOGY

BACKGROUND

I conducted a pilot study on violence against women in 1991 to try to ascertain whether female incest survivors in Cape Town would be willing to volunteer for in-depth interviews about their abuse experiences. Originally I hoped to interview survivors of many different kinds of sexual and violent abuse for a book of case studies on violence against women in South Africa. With this end in mind, I placed advertisements in *The Monday Paper* published by the University of Cape Town and UCT's student newspaper, *Varsity*. I also posted advertisements at the Women's Centre in Observatory and the offices of Rape Crisis.

Since many people have expressed surprise that abuse survivors were willing to volunteer to talk about these taboo topics to a complete stranger, I will quote a compilation of two of the advertisements I used.

SEXUAL ASSAULT AND BATTERY RESEARCH

> HAVE YOU EVER BEEN RAPED, BEATEN, SEXUALLY ABUSED IN CHILDHOOD, RAPED OR BEATEN BY YOUR EMPLOYER OR ONE OF YOUR EMPLOYER'S SONS, OR SEXUALLY ASSAULTED IN SOME OTHER WAY? IF SO, WOULD YOU VOLUNTEER FOR AN INTERVIEW WITH ME? I WANT TO PUBLISH A SERIES OF SUCH INTERVIEWS ON ALL FORMS OF VIOLENCE AGAINST WOMEN IN SOUTH AFRICA. IT CAN BE VERY SATISFYING TO KNOW THAT BY SHARING ONE'S EXPERIENCES, ONE IS HELPING OTHER SURVIVORS FEEL LESS ISOLATED, AND EDUCATING THE PUBLIC ABOUT THIS IMPORTANT BUT SEVERELY NEGLECTED WAY IN WHICH WOMEN ARE OPPRESSED ALL OVER THE WORLD. THE INTERVIEW ITSELF CAN ALSO BE USEFUL AND CATHARTIC FOR YOU. TOTAL CONFIDENTIALITY IS ASSURED, PLUS COMPLETE ANONYMITY IN ANY PUBLISHED WORK – IF THAT'S WHAT YOU WANT. PLEASE DON'T PROCRASTINATE! CALL ME RIGHT AWAY. SEXUAL VIOLENCE IS AN URGENT PROBLEM. WE MUST MAKE SURE THAT IT IS BETTER DEALT WITH IN THE NEW SOUTH AFRICA.

I also offered to donate one of my books on sexual violence to volunteers, and gave them the best times to reach me by telephone.

To my amazement, most of the volunteers who contacted me were incest survivors. I had anticipated that there would be few if any such volunteers since incestuous abuse is one of the most tabood forms of sexual violation in South Africa.

This was particularly true in 1991 when incest was an even more hidden problem than it is today.

After interviewing several survivors of rape, including wife rape, rape by an employer, stranger and acquaintance rape, gang rape, partner battery, extrafamilial child sexual abuse, as well as incestuous abuse, I decided to apply for a research grant to conduct an in-depth study of incest survivors.[8] My pilot study showed that it was possible to obtain research subjects. Had I not been able to demonstrate this, it seemed possible or even likely that potential funders might be sceptical of the feasibility of the research I proposed to conduct.

Having obtained a grant from the HSRC to conduct this exploratory sociological study of incestuous abuse, I returned to South Africa in September 1992 from the United States where I live. I was a Research Associate at the University of Cape Town's Institute of Criminology for 15 of the 16 months that it took to complete this project (as well as several other research, writing, and activist projects that I took on during my 16-month sojourn in South Africa).

RECRUITING INCEST SURVIVORS

With the assistance of Marcel Londt, a senior social worker at Safeline in Athlone, all the incest survivor participants in a therapy group for survivors volunteered to be interviewed. Despite special efforts to recruit incest survivors through Rape Crisis in Cape Town, only two volunteered through these auspices. Several others volunteered after hearing about the project by word of mouth. Others were recruited by the women who had already been interviewed. I interviewed every woman who volunteered for this study.

I conducted interviews with 24 volunteers in all, and one of my assistants, Ronel Alberts, conducted one. One of the 25 interviews was disqualified because the incestuous abuse did not occur in South Africa. Of the remaining 24 incest survivors, four of the women were black (but not African) and 20 were white.

When I was already well into this research project I decided to focus on white incest survivors for a variety of reasons that will be spelt out shortly.

---

8 I still intend to publish interview-based articles on some of these interviews, but have only published one so far (Russell, 1993) on acquaintance gang-rape at a rural university.

SAMPLE SIZE

This study is based on interviews with 20 white women incest survivors. From now on, all references to the study interviews or the "sample" will refer to these, not the 25 that I actually conducted.

SOME LIMITATIONS OF THE STUDY

Small and non-representative sample

This "snowball sample" is clearly not representative of incest survivors in Cape Town. This means that the findings of this study cannot be generalized to the population of incest survivors in Cape Town. Even had it been possible to obtain a random sample of incest survivors, the small size of the sample would greatly limit the number of statistically significant findings that could emerge.

Just as it is wise to conduct a pilot study to test the feasibility of one's research design, it is often advisable to undertake an exploratory study when one is breaking ground in a new area of research. Although a limited number of clinical studies of incest are available in South Africa, these are probably even less representative than my community sample, since they are limited to survivors who sought psychological treatment for their problems, or who became known to the authorities.

Fortunately, a considerable amount of sound knowledge about incestuous abuse has been established by researchers in the United States, Britain, the Netherlands, and a few other European nations. Although it would be wrong to assume that no national or cultural differences in the experiences of incest survivors exist, it would also be surprising if there were not a great number of similarities. The international research provides a kind of control group with which the effects of incestuous abuse found in my South African study can be compared.

It is important to point out that I interviewed every incest survivor who volunteered for this study. Since the aim of this study was to document the short- and long-term effects of incestuous abuse, it is important to know that I did not select cases which seemed particularly serious and/or discard cases where the survivor reported few or no effects.

Race / Ethnicity

After completing a few interviews, I became concerned that most of the survivors were white, and none were African. This may partially have been due to my placing an advertisement for my study in the predominantly white University of Cape Town, and because most of the workers in Cape Town Rape Crisis were white. On

the other hand, the vast majority of incest survivors who attended the therapy group in Athlone – a predominantly black section of Cape Town – were also white, and none were African. So aside from the bias inherent in my initial methods of recruitment, it may also be that women in the black community – particularly African women – are less ready to talk about incest than are white and coloured women, and that white women are more ready to talk about it than coloured women.

It would seem premature to even suggest this possibility were it not for knowledge gained in other countries that the willingness of survivors to disclose experiences of incest, rape, and battery has generally required the existence of a strong feminist movement. Such a movement is lacking in South Africa. Nevertheless, there are pockets of feminism (in the anti-rape movement, for example), and feminist ideas have infiltrated South Africa through the media, literature, international education and travel. White women have tended to be more receptive to these ideas than black women, who have been more preoccupied with the struggle against apartheid, as well as the struggle for survival in an extremely inegalitarian society. The greater impact of feminism on white women may be another reason for their greater willingness to talk about their incest experiences. Future research, preferably by black women, will have to determine whether or not there is any validity in this suggestion.

Before I embarked on efforts to advertise my study in the black community, I decided that there were some sound reasons for restricting this first exploratory study to white women. In arriving at this decision, I was greatly influenced by the views articulated by some black women, in South Africa as well as at a conference in Nigeria. These women said that they were tired of white researchers focusing their work on the problems in black communities; that they objected to the widespread assumption that there are no serious problems in white communities that deserve the attention of researchers; that research undertaken by whites often seemed to disempower rather than assist black communities; that research by whites often seemed to benefit the careers of the researchers rather than their "subjects," and so on.

As a researcher on violence against women, I found some of the points articulated by these black women particularly compelling. I heard many otherwise progressive white people articulate the myth that there is relatively little sexual violence and battery in white communities, but a great deal in black communities. Many black women share this view (see, for example, Mayne, 1990). It is imperative that this myth be destroyed. I hope that focusing this study on white incest survivors will contribute to its destruction.

My decision to confine this study to white incest survivors was not made lightly. For a fuller account of my reasons, see Appendix I.

Gender

I decided to confine my study to interviews with female incest survivors whose primary perpetrator was a male because research has established that this is the most prevalent form of incestuous abuse wherever data are available (Russell & Finkelhor, 1984). For example, only 10% of the incest perpetrators were female in my probability sample of 930 women (Russell, 1986).[9] In a recent survey of epidemiological studies of child sexual abuse – including incestuous abuse – in 19 countries, Finkelhor reported that the ratio of female to male victims was typically 1,5 to 3 times that of males (1994, p. 411). Moreover, "All the studies reporting such information showed offenders against girls to be disproportionately male (above 90%)" (1994, p. 411).

Although there are substantial numbers of male incest survivors, boys in the United States are much more frequently sexually abused by non-relatives, and the chief perpetrators are males, both inside and outside the family (Finkelhor, 1984; Russell & Finkelhor, 1984). Similarly, in a South African study of the prevalence of child sexual abuse disclosed by male psychology students, Steven Collings reported that two-thirds of the incidents (67%) had involved male perpetrators and only 17% of the incidents had involved sexual abuse by relatives, compared to 43% by strangers (1991, p. 155). In his study of females, 31% of the incidents involved relatives, and 93% involved male perpetrators (1994).

Another reason for focusing on female survivors is that patterns are more likely to emerge in small samples when there are fewer within-sample differences.

Although many incest survivors have been sexually abused by more than one relative, including some of the 20 survivors in my study, none of them reported being abused by a female relative.

Social class

Despite the significance of social class in understanding societies and social change, there is no consensus on the best criteria to use when trying to place individuals in appropriate social class categories. This task is even more difficult in heterogeneous societies like South Africa where deliberate efforts have been made to reorganize the

9 Although my United Stated study was confined to females, other studies have shown that women are more prone to sexually abuse females than males (Russel & Finkelhor, 1984).

society on the basis of race and ethnicity. This has resulted in different criteria developing for ascertaining the social class of black and white people.

Although this study is restricted to white women, when asked their social class they were sometimes quite explicitly affected by this double standard for social class allocation. One survivor, for example, identified herself as upper class in part because her family of origin was so much wealthier than the vast majority of black people, as well as many white people. By Western standards, however, she would be considered middle class. For the purposes of this study, I applied Western criteria for ascertaining the women's social class in the few cases where this differed from the respondents' self-identified class.

Several of the respondents found it difficult to say what social class they belonged to, and one was totally unfamiliar with the concept. In contrast, they appeared to have no trouble identifying their ethnicity despite the fact that close to half of them had parents who were both Afrikaans- and English-speaking (see Table 4.2). All but one of the respondents from a mixed Afrikaans-English background identified with one ethnic group or the other (see Table 4.3).

Gender is another major complicating factor in ascertaining women's social class. Sociologists have typically used the income and occupational status of women's fathers or husbands to determine their social class. The inadequacy of this method becomes particularly apparent when trying to evaluate the social class of single or divorced women. As with ethnicity, because of the long-standing practice of gender-based economic and occupational discrimination, women who are not attached to men will almost automatically be categorized in lower classes than men, even though their educational achievements and/or their attitudes and values may be the same as men who qualify for a higher social class.

There are no simple solutions to these conceptual problems. Nonetheless, it seems important to raise them.

Language

All interviews were conducted in English. Although I was prepared to provide an Afrikaans-to-English translator, all the women who volunteered for the study were sufficiently fluent in English to outweigh the disadvantages of working through a translator. Two of the women felt a little insecure about speaking in English, and undoubtedly, at least two others would have preferred to speak in Afrikaans since it was their mother tongue. Hence, my lack of fluency in Afrikaans was an additional limitation of this study. However, the fact that I have a slight United States accent may have alleviated the negative implications of my being perceived by Afrikaners

as an English-speaking South African citizen with a minimal understanding of their language.

Geographical location of research

Although I had hoped to conduct a national study of incest, this request was not supported by the funding agency. All but one of the 20 interviews were conducted in Cape Town and its environs. However, only 35% of the women interviewed were raised exclusively in the Cape Province (see Table 3.1).

TABLE 3.1: PROVINCES IN WHICH INCEST SURVIVORS WERE RAISED

Province	%	N
Cape	35	7
Transvaal	15	3
Transvaal & Cape	25	5
Natal & Cape	10	2
Orange Free State, Natal & Cape	10	2
Foreign Country	5	1
TOTAL	100	20

Only 20% of the incest survivors interviewed spent all their childhood years in Cape Town. The other places they lived in during this period of their lives included Johannesburg, Port Elizabeth, Grahamstown, Welkom, King William's Town, Oudtshoorn, Germiston, Hermanus, Clanwilliam, Roodepoort, Christiana, villages in the Karoo, a farm in East Griqualand, a smallholding outside Johannesburg, as well as Egypt, Israel, and Germany. This list of places reveals that women raised in urban areas are over-represented in this study. Only one woman had an exclusively rural background, 20% had both a rural and an urban background, and the remaining 60% were raised in one or more urban areas.

Discrepancy between the study design and the requirements of this report

I designed this exploratory study to obtain 20 in-depth interviews from which I planned to select the most revealing cases for a book of case studies on incestuous abuse. I had undertaken such a study on rape in the United States in the early 1970s (*The politics of rape*, 1975). I think this kind of qualitative case-study approach is most useful when there is little knowledge or understanding about the topic being researched. Personal stories are often the most effective way to motivate people to care about a problem. Hence my plan to undertake such a study of incestuous abuse in South Africa.

I was well on into my study when I found out that the HSRC who funded this research, required a final report that would be no longer than 110 pages, and preferably shorter. Since most of my edited interview/analysis combinations were 25-30 pages in length, I had to abandon my case study approach, and transform a qualitative study into a quantitative one. However my method of data collection was not really sufficiently standardized for the requirements of a quantitative study.

More serious yet, the small sample size and the unrepresentative nature of the incest survivors interviewed were a poor basis for undertaking quantitative analyses – as I have already pointed out.

Despite the many limitations of this report, I believe it is a worthwhile document. I believe that few if any social scientists, or anyone else for that matter, would have believed it possible to obtain a sample of 20 incest survivors living in the community in South Africa in 1991-1993 who would volunteer for in-depth interviews for a book of "case studies". I believe that this achievement far outweighs the limitations of the sampling method. The value of exploratory studies must be judged by what the exploration unearths. It is inappropriate to apply the same standards that should be used to evaluate non-exploratory studies.

On the other hand, I think that the book of case studies that I plan to publish in the near future will do much better justice to the rich interview material I have obtained.[10] Furthermore, the many limitations outlined above are less disadvantageous to such a project.

10 I have a contract with Macmillan Press in the UK to publish this book under the title, *Behind closed doors in white South Africa: Incest survivors tell their stories*. It will probably be published later in 1995.

THE INTERVIEW

Research site

The location of the interview was chosen by the incest survivors. Most interviews were conducted in their homes, but my home was sometimes chosen for reasons of privacy and/or anonymity.

The preliminaries

In most cases, my initial contact with incest survivors was on the telephone. I told them about my research, its purpose, how they could help, answered any questions they had, and arranged when and where to meet. I got to interview every woman with whom I spoke on the telephone.

In a few cases, an incest survivor disclosed her experience to me in a social situation, in which case I either telephoned her later or invited her on the spot to participate in the study. In one case, I wrote to a survivor and told her from whom I had obtained her name, and asked her to telephone me if she was willing to be interviewed.

I started each interview by reminding the women about the purpose of my research. I usually told them a bit about myself and why I consider it so important to raise public awareness about incestuous abuse and how their interview would help with this task. I and many other researchers have found that appealing to respondents' desire to help others who have suffered from the same kind of abuse can provide them with a powerful incentive to be honest and open. I then invited the women to ask me questions. My approach was very informal. Priority was given to establishing good rapport and creating a feeling of safety and comfort.

Consent to audiotape

Before commencing the interview, I asked each woman for permission to tape the interview. I explained that taping was necessary for accuracy and would enable us to talk more naturally (rather than slowing us down so I could take verbatim notes). None of the women objected. A few felt uncomfortable at first, but the recorder appeared to be quickly forgotten as the women recounted their painful experiences.

Consent form

A signed consent form also had to be obtained before proceeding with the interview. Among other things, this form assured the women participants that their interviews would be confidential, and invited them to choose a pseudonym as one step in the process of remaining anonymous (see CONSENT FORM in Appendix II). No one balked at this requirement.

To my astonishment, eight of the 20 women (40%) I interviewed said either that they did not want a pseudonym or that they did not care one way or the other. However, this is more germane to the book of case studies than the quantitative analysis to follow.

In appreciation for these women's time, and to compensate for any pain or suffering that might be caused by the interview, I invited them to choose one of three of my books at this point in the interview process. Most of them selected my book on incest in the United States (Russell, 1986). Wherever possible, I gave them the book of their choice before starting the interview, although sometimes they had to wait for it to arrive from the United States.

Type of interview

I started each interview by asking questions that enabled me to complete a list of basic demographic data about each survivor, such as her age, education, occupation, social class, etc. (see Appendix III). Aside from the sociological relevance of this information, these questions also served to ease us into the more painful material.

The heart of the interview was very loosely structured around obtaining detailed information on the following topics:

1) Descriptions of the sexual and other physical abuse experiences, in chronological order from first to last.
2) Descriptions of any known sexual abuse experiences by other family members.
3) Disclosure: the reasons for telling or not telling about the incestuous abuse experience(s), and the reactions of those told, when applicable.
4) The impact of these experiences at the time of the incestuous abuse.
5) The long-term impact of the abuse experiences on the respondent and her relationships.

In the course of covering these subjects, information about the women's family background was always forthcoming. Most of the women also talked about their experiences of healing or trying to heal.

Although the use of a structured questionnaire greatly simplifies data analysis, I felt that a highly flexible unstructured format would facilitate optimal disclosure. Given the high quality of the interview material obtained, I believe this decision proved to be correct.

Duration of interview

Interviews took from approximately 90 minutes to five hours. Some interviews that were conducted at the women's homes were prolonged by telephone interruptions, crying babies or intrusions by other family members. All but one of the interviews were conducted at one time. The exception was due to tape recorder failure.

ANALYSIS

All interviews were transcribed. The eleven interviews that I had chosen to include in the book of case studies were also edited. Nine of the eleven edited interviews were then sent to the respondents for correction. This was not possible for two of the eleven survivors because I was unable to locate them. In the nine cases that were checked by the survivors, no substantive errors were reported.

All 20 of the interviews were coded, with particular attention given to the short- and long-term consequences of the incestuous abuse.

Although this study is limited to 20 incest survivors, most of the findings reported in the following chapters and tables are expressed in percentages rather than in numbers. My intention is not to conceal the small numbers involved, but to make the results easier to read, remember, and compare. For the same reasons, the numbers (referred to as "Ns") on which the percentages are based, will rarely be included in the tables.

CONFIDENTIALITY OATH

Everyone who assisted me with this project was required to sign an oath of confidentiality.

In the next chapter we will find out more about the women interviewed in this study.

CHAPTER 4

THE INCEST SURVIVORS: INTRODUCING THE WOMEN

DEMOGRAPHIC CHARACTERISTICS

Age when interviewed

The ages of the 20 respondents ranged from 21 years to 55 years.[11] Exactly 50% were in their twenties, 30% in their thirties, and 20% over forty years of age. The respondents' average age was 32 years.

Sexual preference

Forty percent of the respondents defined themselves as lesbian (seven) or asexual (one woman), while 60% described themselves as heterosexual. One of the married heterosexual women said that she was increasingly uncertain about her sexual preference, and several of the heterosexual women described having positive experiences of love and/or sex with other women.

Marital and maternal status

Only 25% of the respondents were still married, 20% were separated or divorced, and the remaining 55% had never been married. The high percentage of never-married women is chiefly due to the large percentage of lesbians, only two of whom had ever been married. (One of the lesbians married for convenience in order to be able to work in the United States.) Exactly a third of the heterosexual women were single.

Seventy per cent of the respondents were child-free[12], two had one child each, three had two children each, and one had three children. The high percentage of child-free women is partially due to the fact that all the lesbian women were child-free. Half of the heterosexual women also had no children. But since 30% of the women were 24 years of age or younger, some of them were likely to become mothers in the future.

Some United States studies have reported that incest survivors often marry at a younger age than non-incest survivors in order to escape from their abusive homes

11 The data that follow apply to the date the respondents were interviewed.

12 The term "childless" implies that there is something anomalous about women or couples who have no children.

(e.g. Herman, 1981; Russell, 1986). Of the nine women who were or had been married in my sample, almost 90% had married before the age of 26, and 44% before the age of 21.

Incest survivors in my San Francisco survey had given birth to their first child at a significantly younger mean age than women with no history of incest. Of the six women who had given birth to children in my South African sample, two had done so before the age of 20, three, between the ages of 21 and 25, and the remaining one, between the ages of 26 and 30.

Education and occupation

Twenty per cent of the respondents had left high school without matriculating, 50% had matriculated from high school, and 30% had attended university and/or obtained one or more university degrees.

Regarding their main occupations, four were students at the time of the interview, two were full-time housewives, and the remaining 14 were employed in the following occupations: computer analyst, nurse administrator, printing broker, laboratory assistant, researcher, masseuse, educator, data capturer, mental health worker, personal assistant, personnel consultant, children's day mother, newspaper worker, and odd-jobs person.

Social class

The social class of the respondents interviewed was ascertained by examining several factors: the social class in which they felt they belonged, their education and occupational status, their parents' education and occupational status, and – for those who were married – their husbands' education and occupational status. After weighing these factors, 20% of the women were judged to be lower or working class, and 80% middle class.

Ethnicity

While all the respondents were white, Table 4.1 reveals that close to half (45%) had parents with different ethnic identities. This seems to represent an unusually high degree of intermarriage. However, the sample size and the non-random manner in which it was obtained make it unwise to read too much into this. Nevertheless, further research should examine whether incestuous abuse is more likely to occur in families where the parents have intermarried.

TABLE 4.1: ETHNIC IDENTIFICATION OF INCEST SURVIVORS BASED ON PARENTS' ETHNICITY

Parents' ethnicity	%	N
Both parents Afrikaans-speaking	20	4
Both parents English-speaking*	35	7
Both parents Jewish	5	1
Father Afrikaans-speaking / Mother English-speaking	20	4
Father English-speaking / Mother Afrikaans-speaking	15	3
Father Jewish / Mother English	5	1
TOTAL	100	20

* This includes one German couple and one Israeli woman married to a South African man; they had integrated into the English-speaking communities.

As previously noted, all but one of the respondents from a mixed Afrikaner-English background identified with one ethnic group or the other (see Table 4.2). While the one exception described her background as "predominantly Afrikaans", she did not identify herself as Afrikaans. "I'm South African. That is the only way I can see myself," she stated emphatically.

Table 4.2 shows that ten of the incest survivors in my study sample identified as English-speaking South Africans compared to seven who identified as Afrikaners.

TABLE 4.2: ETHNICITY OF INCEST SURVIVORS (SELF-IDENTIFIED)

Ethnicity of survivors	%	N
Afrikaans-speaking	35	7
English-speaking	50	10
Afrikaans-speaking/English-speaking	5	1
Jewish	10	2
TOTAL	100	20

Religion

Information on the religious upbringing and current religious preference of the survivors in this study are presented in Table 4.3.

TABLE 4.3: RELIGIOUS UPBRINGING AND CURRENT PREFERENCE OF SURVIVORS

Type of religion	Religious upbringing (N = 20) %	Religious preference (N = 20) %
Catholic	15	10
Protestant mainstream	30	15
Protestant fundamentalist	10	15
Dutch Reformed Church	15	0
Judaism	5	0
Fundamentalist sects	10	10
Agnostic/Atheist	15	30
Alternative spiritualities	0	20
TOTAL	100	100

This table reveals that 30% of the respondents became agnostics or atheists in their adult years, and 20% opted for some "other" religion which they described in the following ways: "goddess worship"; "women's spirituality"; "I have my own spiritual belief". One respondent whose father was a deacon in the Apostolic church, said, "I have my own religion now based on different bits of philosophies. To me, religion is a belief in whatever makes you happy and comfortable."

When the respondents' religious preferences were collapsed into institutional religions (Christian and Jewish) and agnostic, atheist and alternative spiritualities, the high percentage of respondents who had rejected the religions in which they had been raised became even more apparent (than in Table 4.3). Whereas 85% of these women had been raised with some kind of institutional religion, only 50% of them

still subscribed to one of these religions (see Table 4.4). Furthermore, some of those who still qualified as Christian had become quite disillusioned by institutionalized Christianity. For example, one respondent declared, "I'm terribly opposed to formal Christianity", but "I still believe in God, or what we in Al-Anon call 'a Higher Power', and I still go to church about once every six months."

TABLE 4.4: RELIGIOUS UPBRINGING AND CURRENT PREFERENCE OF SURVIVORS (DICHOTOMIZED)

Type of religion	Religious upbringing (N = 20) %	Current religious preference (N = 20) %
Institutional religion	85	50
No religion, or alternative spirituality	15	50
TOTAL	100	100

Because a control group of women who had no history of incestuous abuse was not available for comparison, we cannot be sure that the respondents who rejected the religions in which they had been raised, did so significantly more than women who had no history of incestuous abuse. It could be that the data in Table 4.4 reflect a general trend towards secularization in South Africa.

Interestingly, the incest survivors in my probability sample survey in San Francisco – in which a comparison group of non-incest survivors *was* available – were significantly more likely to defect from the religion in which they had been raised. Therefore, it seems likely that the high rate of religious defection found in our sample may be related to incest as well as to the growing secularization that typically accompanies modernization and urbanization in contemporary societies.

Several respondents mentioned victim-blaming interventions by representatives of their churches whom they perceived as giving priority to supporting their own ideals for "marriage and family life" at the survivors' expense. Others expressed shock that their perpetrators would continue to attend church, or in one case, to practise as a deacon, despite having indulged in behaviour regarded as "sinful" in the eyes of Christianity and Judaism. The anger and disillusionment of these survivors often resulted in their rejecting the religions in which they had been raised – sometimes opting for another religion or an alternative spirituality or no religion at all.

Family of orientation[13]

Sixty per cent of the women in this survey had been raised by their biological parents, or their biological parents had been the *primary* caretakers during their childhood years, and 30% had been raised by their biological mother and a stepfather. Of the remaining two respondents, one had been raised primarily by her biological mother; the other first by her biological parents, then by her biological mother and stepfather, and finally by her biological father and stepmother.

Number of siblings

None of the 20 respondents were an only child. When combining biological, step- or half-siblings, four of the respondents had one sibling, five had two, six had three, four had between four and seven, and one had nine. The mean number of siblings per respondent was 3,2.

Ordinal position

Forty per cent of the respondents were the eldest child in their families and 20% were the youngest.

The next chapter will focus on some of the factors that differentiated one experience of incestuous abuse from another. Did it occur only once, or many times? Was it accompanied by violence? How intrusive were the sex acts involved? How old was the victim when it started?

13 This is an anthropological term that refers to people's parents and siblings as opposed to their "family of procreation".

CHAPTER 5

THE CHARACTERISTICS OF THE INCESTUOUS ABUSE

Clearly, there is a connection between some of the characteristics of incestuous abuse and its effects. Many studies have shown, for example, that the more severe the sexual abuse is in terms of the sex acts perpetrated, the more traumatic the experience is likely to be, and concomitantly, the more severe the effects are likely to be. Other abuse characteristics that are usually associated with more severe trauma and effects include the type of perpetrator (incestuous abuse by fathers is typically more traumatic than sexual abuse by other relatives), the degree of force or violence employed, the frequency and duration of the abuse, and whether or not the survivor is abused by one or more incest perpetrators.

Earlier I pointed out that because of the small size of the study sample as well as the methods of recruiting subjects, the findings cannot be assumed to be representative of incest survivors in general. One means of ascertaining some of the ways in which the findings may be distorted by these methodological limitations is to compare them with those obtained by a more representative study. For lack of acceptable alternatives, some of the quantitative findings on incest perpetrators obtained from my exploratory South African study will be compared in this chapter with those obtained from my United States probability sample.

MULTIPLE VICTIMIZATION BY DIFFERENT INCEST PERPETRATORS

The 20 incest survivors interviewed for my South African study were sexually abused by 31 different perpetrators. As Table 5.1 shows, a much higher percentage of survivors in this study were sexually abused by more than one incest perpetrator than was the case in my United States study: 40% and 11%, respectively (see Table 5.1).

TABLE 5.1: MULTIPLE INCEST VICTIMIZATION

Number incest perpetrators per survivor	SA study (N = 31) %	USA study (N = 187) %
1	55	84
2	40	11
3-5	5	5
TOTAL	100	100

Since abuse by more than one incest perpetrator has been found to be related to greater trauma (Russell, 1986), this finding once again suggests that the incest survivors who volunteered for my South African study tended to be more traumatized by their incest experiences than incest survivors in my United States study.

Because of the phenomenon of multiple incest victimization, the unit of analysis in the following sections of this chapter will be the perpetrator or the incest experience(s), not the survivor.

THE PERPETRATOR-VICTIM RELATIONSHIP

Close to a quarter (23%) of the incest perpetrators in my South African study were biological fathers and exactly the same percentage were stepfathers (see Table 5.2). Since many more females in South Africa are raised by biological fathers than by stepfathers, this shows a considerable overrepresentation of stepfathers. Many foreign studies have documented that girls are disproportionately more frequently sexually abused by stepfathers than by biological fathers (Finkelhor, 1984; Finkelhor, 1986; Russell, 1986).

TABLE 5.2: TYPE OF RELATIVE WHO COMMITTED INCESTUOUS ABUSE

Relative	SA study (N = 31) %	USA study (N = 930*) %
Biological father	23	16
Stepfather	23	9
Brother	13	13
Stepbrother	6	1
Grandfather	6	6
Uncle	13	27
Cousin	16	17
Brother-in-law	0	4
Other male relative	0	8
TOTAL	100	101**

* The 10 female perpetrators have been removed from the list because the SA study focused on male perpetrators.

** This column adds to 101 due to rounding off to the nearest whole number.

For example, 16% of the incest perpetrators in my United States sample were biological fathers compared with 9% who were stepfathers (see Table 5.2). Although the 9% for stepfathers is lower than the 16% for biological fathers, the figure for stepfathers is still disproportionately high compared with the percentage for biological fathers. More specifically, of the women who mentioned a stepfather as one of the primary people with whom they resided during their first 14 years, 17% reported being sexually abused by a stepfather. This means that one out of approximately every six women who had a stepfather as a principal figure in her childhood years was sexually abused by him before reaching the age of 14.

Of the women who mentioned a biological father as one of the primary people with whom they resided during their first 14 years, only 2,3% disclosed having been sexually abused by a biological father. Thus only one out of every 43 women who

had a biological father as a principal figure in her childhood years was sexually abused by him before the age of 14.

In short, in my United States study, women who were raised by a stepfather were over seven times more likely to be sexually abused by him than women who were raised by a biological father.[14]

Although South African researcher Steven Collings did not differentiate the gender of the incest perpetrators in the summary account he sent me of his findings on the sexual abuse of girls, his data on step- versus biological parents are consistent with the studies cited above. Specifically, he reports that 4,3% of the sexual abuse incidents disclosed by his female subjects involved a biological parent, and 3,9% involved a step-parent (Collings, September, 1994).

The most noticeable difference between my two studies evident in Table 5.2, is that the percentage of fathers is much higher in my South African study, while the percentage of uncles is much higher in my United States study. Since many studies confirm that sexual abuse by fathers is usually significantly more traumatic than incestuous abuse by other male relatives (other things being equal), this suggests that incest survivors who were less traumatized by their abuse are less likely to have volunteered for this study.

MARITAL AND PATERNAL STATUS OF PERPETRATORS

Of the 26 incest perpetrators for whom information on marital status at the time of the sexual abuse is available, 62% were married and 38% were single. It is interesting that none of the perpetrators were separated or divorced at the time, although some had been divorced previously.

None of the single incest perpetrators in this study were biological fathers when they sexually abused the respondents. In those cases where the respondents knew how many children their perpetrators had fathered, 64% had two or three children and 36% had between four and eight.

AGE OF SURVIVORS AT ONSET OF INCESTUOUS ABUSE

The average age of onset for incestuous abuse in my South African study was 8 years 9 months compared with 11 years 6 months in my United States study.

---

14 See a comparison of sexual abuse by biological and stepfathers — and explanations for the differences found — in Russell, 1986, pp. 256-269.

The youngest age of onset in my South African study was 2 years and the oldest was 18. Table 5.3 shows that 29% of the experiences of incestuous abuse in this study occurred or started before the victim was 5 years old. Roughly the same percentage (32%) of experiences occurred or started between the ages of 6 and 9, 26% occurred or started between the ages of 10 and 13, whereas only 3% occurred or started between the ages of 14 and 17.

TABLE 5.3: AGE OF SURVIVORS AT ONSET OF INCESTUOUS ABUSE

Age	SA study (N = 31) %	USA study (N = 187) %
5 years or younger	29	11
6 - 9 years	32	19
10 - 13 years	26	41
14 - 17 years	3	29
18 years and older	1	–*
TOTAL	100	100
Average age at onset	8 years 9 months	11 years 6 months

* There were 40 cases of incestuous abuse which had started when respondents had been 18 years or older that are not included in the data analysis for this study.

This table also reveals that a much higher percentage of the experiences of incestuous abuse occurred or started between the ages of 14 and 17 years in the United States study compared with the South African study (29% and 3%, respectively). In contrast, the age of onset for the categories of 5 years or younger, and 6 to 9 years, were much lower for the United States study (11% and 19% compared with 29% and 32%, respectively).

The much longer duration of the incestuous abuse experiences in my South African study probably explains why the age of onset in this study is almost three years younger than in my United States study (more detailed information on the

duration of the abuse will be provided shortly). The longer the incestuous abuse lasts, the more likely it is to have started at a young age, since survivors tend to be more successful at stopping the abuse as they get older.

AGE OF SURVIVORS AT TERMINATION OF INCESTUOUS ABUSE

The average age at which experiences of incestuous abuse were terminated in my South African study was 13 years, and the range in age of termination was from 2 years to 25.

Table 5.4 shows that almost two-thirds (65%) of the experiences of incestuous abuse in this study were terminated between the ages of 10 and 17, whereas 14% ended only after the age of 18. No comparable data are available for my United States study.

TABLE 5.4: AGE OF SURVIVORS AT TERMINATION OF INCESTUOUS ABUSE

Age	SA study (N = 28) %
5 years or younger	11
6 - 9 years	11
10 - 13 years	36
14 - 17 years	29
18 years or older	14
TOTAL	101
Average age at termination	13 years
Missing observations	3

AGE OF INCEST PERPETRATORS AT ONSET OF INCESTUOUS ABUSE

The age range of the perpetrators at the time the abuse occurred or started was 14 to 60 years in my South African study. Their average ages at the time of onset of the sexual abuse was remarkably similar in my two studies: 30 years in my South African study and 33 years in my United States study.

Table 5.5 reveals that there were more juvenile incest perpetrators in my United States study than in my South African study (26% and 14%, respectively). On the other hand, there were proportionally more incest perpetrators between the ages of 18 and 25 in my South African study. The percentages of incest perpetrators over the age of 45 in both studies were equally low (19% and 20%).

TABLE 5.5: AGE OF PERPETRATORS AT ONSET OF INCESTUOUS ABUSE

Age	SA study (N = 21) %	USA study (N = 183) %
Under 18 years	14	26
18 - 25 years	38	11
26 - 45 years	29	43
46 years or older	19	20
TOTAL	100	100
Average age of perpetrator	30 years	33 years
Missing observations	10	3

AGE DISPARITY BETWEEN SURVIVORS AND PERPETRATORS AT ONSET OF INCESTUOUS ABUSE

The age disparity between incest survivors and perpetrators was less than five years in 19% of the experiences of incestuous abuse in my South African study. This compares with age disparities of between five and 19 years in 29% of the experiences, between 20 and 39 years in 43% of the experiences, and over 40 years in only 10% of the experiences.

TABLE 5.6: AGE DISPARITY BETWEEN SURVIVOR AND PERPETRATOR AT ONSET OF INCESTUOUS ABUSE

Age disparity	SA study (N = 21) %	USA study (N = 187) %
Less than 5 years	19	15
5 - 19 years	29	30
20 - 39 years	43	39
40 years or more	10	16
TOTAL	101	100
Missing observations	10	

This curvilinear relationship in the age disparities between the incest survivors and their perpetrators (evident in both studies) is deceptive, however, because it results from the way in which the age disparities have been collapsed (for example, the first category includes only four years whereas the second includes 15 years).

The most noteworthy finding to emerge from Table 5.6 is the remarkable similarity in the age disparities in both of my studies.

FREQUENCY OF INCESTUOUS ABUSE

Table 5.7 shows that exactly a quarter of the experiences of incestuous abuse in my South African study occurred only once, compared with 43% in my United States study. Women who were subjected to repeated experiences of incestuous abuse are more likely to report being highly traumatized by the experiences than women who were incestuously abused only once (Browne & Finkelhor, 1986; Russell, 1986). This suggests that the volunteers in my South African sample tended to be more traumatized than the incest survivors in my United States sample.

TABLE 5.7: FREQUENCY OF INCESTUOUS ABUSE

Frequency	SA study (N = 28) %	USA study (N = 187) %
One time only	25	43
2 to 20 times	39	48
More than 20 times	36	10
TOTAL	100	101
Missing observations	3	

This table also reveals that almost two-fifths (39%) of the experiences of incestuous abuse in my South African study occurred between 2 and 20 times, and just over a third (36%) occurred more than 20 times. In contrast, only 10% of the experiences of incestuous abuse were reported to have occurred more than 20 times in my United States study.

DURATION OF INCESTUOUS ABUSE

Only 5% of the experiences of incestuous abuse in my South African study occurred over a period of less than six months, compared to 35% of the experiences in my United States study. In contrast, 75% of the experiences of incestuous abuse in my South African study lasted between two and ten years compared with only 28% for my United States study (see Table 5.8). Since there is a relationship between duration of incestuous abuse experiences and trauma (Russell, 1986), this comparison once again suggests that women who have been more severely affected by incestuous abuse are more likely to volunteer to be interviewed for a study like my South African one.

TABLE 5.8: DURATION OF INCESTUOUS ABUSE WHEN IT OCCURRED MORE THAN ONCE

Duration	SA study (N = 20) %	USA study (N = 187) %
Less than 6 months	5	35
6 months - 2 years	15	31
2 years - 10 years	75	28
10 years and more	5	6
TOTAL	100	100
Missing observations	4	

THE SEVERITY OF INCESTUOUS SEX ACTS

When incestuous abuse had occurred more than once with a particular perpetrator, the most severe experience was used to determine the severity variable. Sex acts that had entailed penile-vaginal intercourse, anal intercourse, oral penetration, or fellatio, were defined as "very severe;" sex acts involving the fondling of nipples, breasts or genitals were defined as "moderately severe;" and sex acts involving other sexual touching or sexual kissing were defined as "least severe."

Table 5.9 reveals that 45% of the incestuous abuse in my South African study qualified as very severe, 35% as moderately severe, and only 19% as least severe. In contrast, only 23% of the experiences of incestuous abuse in my United States study qualified as very severe, whereas 36% qualified as least severe.

TABLE 5.9: SEVERITY OF INCESTUOUS SEX ACTS

Severity of sex acts	SA study (N = 31) %	USA study (N = 187) %
Very severe	45	23
Moderately severe	35	41
Least severe	19	36
TOTAL	99	100

Once again, this is consistent with the suggestion that the volunteers in my South African study had probably been more traumatized by their abuse experiences than the non-volunteers in my United States study, as well as the non-volunteer incest survivors in the population at large in South Africa.

SEVERITY OF PHYSICAL FORCE OR VIOLENCE ACCOMPANYING INCESTUOUS ABUSE

It is becoming common knowledge that child sexual abuse often involves no overt physical force or violence. Table 5.10 shows that in over two-thirds (68%) of the experiences of incestuous abuse in both studies, no force or violence accompanied the sexual abuse. This is all the more striking since many of the perpetrators in my South African study had been violent towards the survivors at other times.

TABLE 5.10: SEVERITY OF FORCE OR VIOLENCE ACCOMPANYING INCESTUOUS ABUSE

Severity of force/Violence	SA study (N = 31) %	USA study (N = 187) %
None	68	68
Some force	26	29
Severe force or violence	6	3
TOTAL	100	100

It seems safe to assume that the impact of incestuous abuse will be affected by how prone the perpetrators are to violence even when it is unrelated to the incestuous abuse. Such violence is likely to result, for example, in survivors being more afraid to resist incestuous abuse or to talk about it. Nevertheless, it is important to distinguish between forceful and non-forceful acts of sexual abuse because research has established that the more force or violence accompanying the sexual abuse, the greater the trauma reported by incest survivors.

Table 5.10 also shows that only six per cent of the experiences of incestuous abuse in my South African study involved severe force or violence, while about a quarter (26%) involved some force. These percentages are remarkably similar to those obtained in my United States study.

Now that the reader has a picture of the kinds of incestuous abuse experiences our sample of 20 survivors had experienced, we are at last ready to examine some of the effects of the abuse. This will be the subject matter of the next two chapters.

CHAPTER 6

THE INITIAL EFFECTS OF INCESTUOUS ABUSE

TERMINOLOGY: "INITIAL" VERSUS "SHORT-TERM"

For the purposes of this analysis, I have drawn on Angela Browne and David Finkelhor's definition of "initial effects" as "those reactions occurring within two years of the termination of the abuse". In the case of multiple incestuous abuse experiences with the same perpetrator, I have adapted Browne and Finkelhor's concept to include all the effects that are manifested after the first abuse experience and before the abuse has terminated.

These early effects are often called "short-term effects" in the sexual abuse literature. Browne and Finkelhor propose the word "initial" over "short-term" because the latter implies that the effects do not persist (Browne & Finkelhor, 1986, pp. 144, 147), and that short-term effects are different from long-term effects. These are misleading assumptions, as will become evident in this and the following chapter.

ANALYTICAL PROCEDURES

In reporting the study findings on both the initial and long-term effects of incestuous abuse disclosed by the 20 incest survivors in the course of telling their stories, it is important to remember that I did not ask all of them the same questions about effects. For example, I asked some but not others about the impact of the abuse on their self-esteem. Hence, the fact that 16 out 20 survivors mentioned suffering from feelings of inferiority, low self-esteem or worthlessness, does not mean that the remaining four survivors had not suffered from these difficulties.

Each of the survivors' stories was coded for both initial and long-term effects. The first step in developing the codes was to draw up a long list of possible effects that had been documented by empirical research on incestuous abuse or child sexual abuse in general. Angela Browne and David Finkelhor's review of research findings on initial and long-term effects was the most useful resource in developing this list (1986), as well as a second essay by these researchers in which they provided another extensive list of consequences (Finkelhor & Browne, 1986, pp. 186-187).

How best to organize the initial effects into conceptually meaningful categories was a significant challenge. I started by applying the following four conceptual

categories devised by researchers affiliated with the Division of Child Psychiatry at the Tufts New England Medical Center in the United States:
1. self-esteem; 2. internalized emotional states; 3. physical consequences and somatic complaints; 4. overt behaviour (Browne & Finkelhor, 1986, pp. 147-148).

Before long, some of the limitations of these four conceptual categories became apparent, so I revised the list as follows:

1. utilization of defence mechanisms
2. negative self-concept
3. negative emotional states
4. physical consequences and somatic complaints
5. overt behaviour
6. other negative effects

In providing examples of the initial effects of incestuous abuse that emerged from the 20 interviews, I will use the respondents' own words as much as possible. No significance should be attached to the number of quotations used for each kind of effect. The percentages of the respondents who provided information to indicate that they had suffered from a particular initial effect follow the descriptions of these effects.

INITIAL EFFECTS OF INCESTUOUS ABUSE

1. Utilization of defence mechanisms

When trauma is too much for human beings to handle on a conscious level, the experience is frequently repressed in whole or in part. It was Freud who conceptualized repression as an unconscious defence mechanism employed by human beings to protect their egos or psyches when they are threatened. Repression and other defence mechanisms are included in this analysis because in cases of incestuous abuse they typically manifest in negative emotional states such as depression, guilt and self-hatred, and overt behaviour such as drug abuse, sexual and relationship problems. Many clinicians, researchers, and non-professionals believe that healing is impossible as long as the memories of the sexual abuse and the feelings engendered, remain repressed.

a) ***Repression and suppression – 65 %***

Repression refers to the unconscious process by which painful material is excluded from a person's awareness. Suppression refers to a conscious attempt to forget or dismiss painful material.

i) *Examples of repression:*

"There are blank bits in my memory about what happened after he ejaculated."

"I actually forgot about my experiences of sexual abuse until I was 19."

"I don't really remember the details. I suppose I don't want to."

ii) *Examples of suppression:*

"The day after my father had been with me, I would tell myself, 'Forget about it. Forget about it. Forget about it!'"

"I don't allow myself to remember that."

"I managed to suppress everything."

"I did a lot of blocking."

b) ***Dissociative reactions during the sexual attack(s) – 30%***

Dissociation is another defence mechanism incest survivors often employ to protect themselves from intolerable pain. They become disconnected from their bodies in such a way that this pain and horror seems to be happening to someone else, or to their own bodies from which they have separated.

"I usually looked at the ceiling when he was doing it because I didn't want to know what was going on."

"It felt as if I was not there. It felt as if I was above my body looking down, seeing everything."

"I used to be like a robot ... It made me feel it wasn't happening to me."

"I don't remember much about the sex he did to me that time; but I remember other details like what the sky and the clouds looked like when he was doing it."

"The fear would be so great that I would just cut off. I would be in a completely different place – a fantasy world."

2. Negative self-concept

There are many different manifestations of a negative self-concept. Seven different but overlapping manifestations were identified in the interviews of my respondents.

a) ***Low self-esteem – 80%***

"I was nine years old and I hated myself."

"I used to think, 'I am awful.'"

"I must be a bad person if these people did these awful things to me."

"I felt like a nothing."

"I am bad and I deserved this kind of thing."

"I hated myself." "I was evil."

"I used to feel terrible about myself."

b) ***Feelings of differentness – 40%***

"I am different from everybody else."

"There must be something wrong with me."

"I thought we [another victim] were the only two people on earth who this was happening to."

"I wasn't normal."

c) ***Feeling dirty – 35%***

"I felt I was dirty, and had sinned, and that I wouldn't be forgiven."

"I felt filthy all the time."

"I am impure."

"I felt dirty. I scrubbed myself until the skin became red."

d) ***Feeling like "damaged goods" – 20%***

"I felt that I was not clean because men don't want to marry a woman like me."

"It was not so much the loss of my physical virginity that was traumatizing, it was the loss of my innocence."

e) ***Feeling like a prostitute or slut – 20%***

"I felt that I was the biggest prostitute walking on this earth and that everybody knew it."

"I felt very much like a prostitute throughout my childhood."

f) ***Negative feelings about having a woman's body – 10%***

"I wanted my old body back."

"I feel that it's a sin to have a period and it's a sin to be a woman. Being a woman means being abused."

g) ***Feeling ugly because of the sexual abuse – 15%***

"I wasn't attractive to guys."

3. Negative emotional states

a) ***Guilt feelings about the sexual abuse – 75%***

"I felt guilty for accepting payment for my part of our 'secret' and because I couldn't always control the reactions of my body."

"For a long time I felt that I was the one who was wrong; that I must have looked for the abuse."

"I wanted to be punished for my stepfather's abuse because I felt so guilty about it."

"I thought maybe I had initiated it or led him on."
"I thought maybe I was to blame and if I told my Mum, maybe I would be made out to be the bad one."
"I could not run around and say he hurt me because I had actually got paid for it."
"I felt like I'd done this terrible thing."
"I always used to wonder if there wasn't something I could have done to keep my father away from me."
"I felt very guilty about the sex, particularly that I enjoyed it, as if this made it all my fault."
"I thought that I had done something wrong and that I deserved it."
"When I flushed his sperm down the toilet I felt that I had killed babies."
"I wondered if I had invited it."

b) ***Fear – 70%***

"I was absolutely devastated and terrified."
"I remember feeling shock and terror."
"I lived with the constant fear that there was somebody about to invade me all the time."
"I was scared."
"I was always afraid of my father."
"I dreaded it."
"I was very petrified of him."

c) ***Shame – 50%***

"I was definitely ashamed and I knew that what was happening was wrong."
"I felt very ashamed."
"What was happening to me felt so shameful."
"I remember my feelings of humiliation, of absolute degradation."
"I can remember always being very humiliated."

d) ***Feelings of anger and hostility towards the perpetrators and/or others – 50%***

"I was going to kill him. I was going to eliminate this problem from my life for ever."
"It made me want to kill him."
"I was so enraged that he had done it."

"I used to imagine that on the way back from work my father would be involved in a gory accident where parts of his body would be spewed all over the road. It was a most wonderful feeling of relief."
"I was a bitch when I was a little girl at school. I was really sick and cruel and sadistic."

e) ***Anxiety – 45 %***
"I felt tense all the time."
"It made me very stiff and nervous and unnatural."
"I experienced tremendous stress and incredible tension."
"I was feeling extremely apprehensive while we did this [playing soap games in the bath]."

f) ***Depression – 35 %***
"I was incredibly depressed all my life."
"I was so depressed and so downcast and hopeless."

g) ***Problems with trust – 25 %***
"I didn't trust my father in my space at all."
"I was very bitter and very cynical at one stage when I was still at school."

h) ***Feelings of isolation after the onset of the incestuous abuse – 25 %***
"I was incredibly lonely."
"I didn't mix in school. I never had a friend."
"For three or four years he [pet monkey] was the closest I got to a living being."
"I felt terribly alone."

i) ***Suicidal ideation or thoughts – 20 %***
"I was furious that I wasn't dead" [after a suicide attempt].
"I wanted to go to my Granny" [who was dead].

j) ***Phobic reactions – 15 %***
"I would panic if I walked past a parked car with a man sitting in it, or if I saw a man playing with a little girl, or men touching girls."
"I freaked out when a doctor insisted on putting his stethoscope on my breast. I resisted it determinedly, but he did it anyhow."

k) ***Ambivalence about the incestuous abuse – 15 %***
"Even though what he did to me was revolting – and this is where I have a lot of conflict – I started liking it."

"I felt violated, that his touching my genitals was sinful, wicked, but I was flattered and reassured by his valuing me, his finding me so attractive, his sharing his thoughts and feelings with me."

l) ***Disappointment and unhappiness – 10%***

"I felt sad and disappointed."

"At the time I was confused and unhappy."

4. Physical consequences and somatic complaints

"Somatization" is defined by the DSM III as "physical symptoms which suggest physical disorders for which there are no known physiologic mechanisms." Some of the physical consequences of incestuous abuse are easily distinguished from somatic effects, for example, vaginal scarring, bruised bodies, and broken bones. But it is frequently impossible to determine whether or not a physical complaint has a physical basis, particularly at the time of the abuse.

For example, one of the survivors interviewed for this study suffered from epileptic fits and was treated for years with medication for this condition. However, her fits suddenly ceased when she started talking about her incest experiences. Only then did it become apparent that there was possibly no physical origin for her epilepsy. Only then did she figure out that suffering from this condition may have been an unconscious strategy on her part to try to avoid the incestuous abuse, since her stepfather did not attack her when she was having seizures.

Although considerable research has established that survivors frequently suffer from physical problems related to their sexual and reproductive organs and functioning, new research is showing that survivors often suffer from less obviously incest-related physical problems. For example, preliminary research by Norwegian gynaecologist Anne Luise Kirkengen suggests that incest survivors undergo significantly more unnecessary surgeries than women with no history of incest (Kirkengen, 1992). The reason for this, according to Kirkengen, is that doctors often incorrectly assume that the pains of their patients are physically based. Sometimes this error becomes apparent only after surgery.

In a preliminary study of 28 adult women survivors of childhood sexual abuse, Melissa Farley found that 79% suffered from headaches, 75% from joint pain, 61% from purposeful self-injury, 57% from throat pain, 57% from stomach pain, 57% from menstrual pain, 46% from sinus pain, 46% from sensitivity to fumes/pollens/ and other airborne particles, 46% from vaginal discharge or itch, 46% from breast pain, and 43% from jaw pain, as well as numerous other less frequently mentioned complaints (Farley & Keaney, 1994, p. 23).

In a more scientific study in which she compared the physical symptoms reported by 53 survivors of child sexual abuse (the vast majority of whom were incest survivors) with 30 women who denied a history of childhood sexual abuse, Farley found that the sexually abused group reported significantly more chronic physical symptoms than the control group. These chronic symptoms included gastro-intestinal problems, cardiovascular problems, respiratory problems (asthma and shortness of breath), neurological problems (e.g., migraine), and musculoskeletal problems (Farley & Keaney, 1994, p. 26).

However, few incest survivors consider physical ailments, illnesses, and/or operations as having anything to do with their abuse experiences, so these kinds of health problems were rarely volunteered in my study.

a) ***Unambiguous physical effects***

i) *Physical effects on genitals and anus*

Vaginal pain from sexual abuse – 20 %
Vaginal bleeding – 15 %
Anal pain and/or tearing – 10 %
Vaginal infections – 10 %
Cystitis – 10 %
Vaginal scarring — 5 %
Operation in genital area – 5 %
Vaginal numbing – 5 %

"I remember a time when my vaginal area was incredibly red and sore from all the sex."
"There was blood in my bed."
"It was agony" [digital penetration of vagina]. "I remember the burning sensation in my genitals."
"I couldn't find where my clitoris was for years; it was completely anaesthetized."

ii) *Other physical damage*

Bruising, scarring (other than vaginal or anal), broken bones, or other injuries associated with incest-related violence – 10 %

b) ***Physical and/or somatic complaints***

i) *Sleep disturbances, e.g., nightmares and insomnia — 25 %*

ii) *Eating disorders, e.g., bulimia and anorexia – 15 %*

iii) *Epilepsy, seizures, blackouts – 15 %*

"I started having epileptic fits as a way of escaping my stepfather."
"I used to black out and go into spasms."

iv) *Other illnesses spontaneously manifested to avoid the sexual abuse – 10 %*
"I was always having hysterical illnesses."

v) *Vomiting associated with swallowing semen and/or disgust with fellatio – 10 %*
"After I vomited, I felt I was clean inside. I felt okay – at least for a few minutes."
"I remember wanting to vomit and a feeling that I was going to drown."

vi) *Headaches – 10 %*
"I used to get violent headaches every weekend."

vii) *Other somatic complaints - 20 %*
Dysmenorrhoea, panic attacks, nausea, and asthma.

5. Overt behaviour

a) ***Difficulties at school because of distress about sexual victimization – 50 %***

i) *Attention deficits - 20 %*
"My work was pathetic. I couldn't study or learn."
"I used to sit in class and stare into space."

ii) *Sudden deterioration in grades – 15 %*
"My academic work went down completely as a result of my father's abuse."
"I didn't do well at school after the time my father started doing oral sex on me."

iii) *Early departure from school – 15 %*
"I was not achieving at school so I dropped out in Std 8."

iv) *Loss of interest and motivation to study – 5 %*
"I lost interest in my school work and started slacking off."

b) ***Escaped from home at an unusually young age or before feeling ready***

i) *Ran away – 30 %*
"I was kicked out of home and ran away when I was 14 years old."

ii) *Left home before the age of 18 – 25 %*

iii) *Married young to get away from home – 15 %*

"I married to get away from home. Although I was 21 when I married, I still felt like a child."

c) ***Rebellious behaviour, usually after termination of incestuous abuse - 30 %***

"I became very rebellious and stroppy."
"I created huge havoc."
"The scenario after he did that [sexual abuse] was me raging at him at every opportunity, setting up situations where he would get cross with me so that I could rage back at him."
"I broke all the norms that I had obeyed before. I became uncontrollable."
"I became a big rebel in high school. At that time I stopped allowing anybody to tell me what to do or think."

d) ***Attempted suicide – 20 %***

e) ***Became addicted to drugs, alcohol, or smoking, or engaged in considerable underage alcohol consumption – 15 %***

"I medicated myself with cigarettes."
"I started to sniff petrol and benzine at the age of 6 and I was a sniffing addict by the age of 13. Then I started drinking at 13 to help me get over the sniffing."

f) ***Became involved in consenting sexual relationships at a very young age – 15 %***

g) ***Manifested developmentally-inappropriate sexual behaviour – 10 %***

"I got to a stage where I became sexually obsessed. I started putting things in my panties – the type of straw that you wrap breakables in – to get satisfaction from the rubbing."
"I became exhibitionistic."

h) ***Stole and engaged in other anti-social behaviour – 10 %***

Two sisters stole, broke windows, beat each other up, and lied.

i) ***Became a perpetrator of child sexual abuse – 5 %***

When a survivor was nine years old she admitted sexually abusing her three-year-old sister.

j) ***Adolescent pregnancy – 5 %***

One survivor had to drop out of school because she became pregnant at 16 when she was still unmarried.

6. Other negative effects

a) ***Revictimization – 45 %***

The concept of revictimization has been created to refer to the frequent finding that there is an extraordinarily strong relationship between childhood incest and later experiences of sexual assault (Russell, 1986, p. 158). Incestuous abuse appears to render many survivors vulnerable to further attacks.[15]

"I was always a bit naive. I'm sure it's because of the abuse."

"By that time I couldn't do anything [because of prior abuse]. I just let them do what they wanted to. I was broken."

"I have always wanted love and I'd do anything for it."

b) ***Negative impact on relationships***

i) *Destructive impact on mother-daughter relationship – 35 %*

"I withdrew from my mother after my stepfather touched me like that."

"After that [mother's disbelief] I felt I didn't have a mother any more."

ii) *Destructive impact on relationships with siblings (excluding cases in which a sibling is the perpetrator) – 10 %*

iii) *Destructive impact on relationships with others in general*

The extreme social isolation of many incest survivors and an inability to relate to others has been noted earlier.

CONCLUSION

Browne and Finkelhor (1986, p. 178) note that there is an unfortunate tendency to consider long-term effects as more important than initial effects. Effects tend to be considered less serious "if their impact is transient and disappears in the course of development". Aside from these researchers' observation, noted earlier, that the initial effects often become long-term effects, they argue convincingly that minimizing the seriousness of initial effects betrays an "adultcentric" bias.

---

15 For a thorough documentation of revictimization and a discussion of the possible explanations for it, see Russell, 1986, pp. 157-173.

> Adult traumas such as rape are not assessed ultimately in terms of whether or not they will have an impact on old age: They are acknowledged to be painful and alarming events, whether their impact lasts one year or ten. Similarly, childhood traumas should not be dismissed because no "long-term effects" can be demonstrated. Child sexual abuse needs to be recognized as a serious problem of childhood, if only for the immediate pain, confusion, and upset that can ensue (Browne & Finkelhor, 1986, p. 178).

This chapter has documented a great number and range of initial effects that were experienced by the 20 incest survivors in my study. Some of the pain and suffering are revealed in the words of the survivors themselves. For readers who may feel sceptical of the contradictory views and analyses of the so-called experts, the survivors' words about the impact of the abuse should be particularly convincing.

In the next chapter it becomes apparent that many of the initial effects persist, and in some cases, become more severe over time.

CHAPTER 7

THE LONG-TERM EFFECTS OF INCESTUOUS ABUSE

Since initial effects were defined as those reactions to incestuous abuse that occurred within two years of the termination of the abuse, long-term effects are those that persist, or begin, after this two-year period.

For the purposes of analyzing long-term effects, "sexual and interpersonal problems" and "positive effects" have been added to the six categories used to analyze initial effects. The impact of incestuous abuse on sex and relationships typically becomes far more evident over the long term. Although I did not set out to obtain information on positive effects, those that were mentioned more often emerged in the long-term.

The analysis of long-term effects will be presented in the following order:

1. utilization of defence mechanisms
2. negative self-concept
3. negative emotional states
4. sexual and interpersonal problems
5. physical consequences and somatic complaints
6. overt behaviour
7. revictimization
8. positive effects

Definitions and explanations that were provided in the chapter on initial effects will not be repeated here.

1. Utilization of defence mechanisms

a) ***Dissociative reactions – 40 %***

"When I talk about myself, I am almost talking about somebody over there. I disconnect from it."

"I often sound detached when I talk about the violence I have experienced."

"I felt out of my body."

"When I started seeing R., I would talk as if the rape had happened to somebody else who should feel guilty because it had been her fault."

"I can make myself into two people: the person that is being abused and the person who is watching it."

"When I had sex with my husband, I was never there, and I didn't remember it afterwards."
"I am not there when it [sex] is happening. I make grocery lists."
"I don't feel like a human being, I just role-play being one."

b) ***Repression of painful memories – 25 %***

"I still can't recall whether any of them [perpetrators] entered me or not."
"For a long time I made myself forget all the things that my father has done to me."

c) ***Identification with the aggressor – 20 %***

"My father's violence really got to me. I would become very violent in return."
"My mother has always said how much I am like my father, and I realize now that I am."
"I absolutely identified with my father."

d) ***Denial of the effects of incestuous abuse – 10 %***

"I didn't think anything was wrong with me as a result of the sexual abuse. In fact, I thought it had had no effect on me whatsoever."
"I am not really affected by that [incident when brother had sex with her]. It isn't even important any more."

2. Negative self-concept

a) ***Low self-esteem, feelings of inferiority, worthlessness, self-hatred - 90 %***

"I am only worth second-class men."
"I must be a bad person if these people did these awful things to me."
"I can't stand myself."
"I feel I deserve to be hurt."
"I think I should be punished because I was so bad."
"People have said my paintings are super, but deep down I feel they are just saying this to be kind because they feel sorry for me."
"I still have a lot of self-hatred."
"I had a feeling of being a nobody."
"[I] have tremendously low self-esteem."
"I don't ever remember being made to feel worth anything."
"I have no self-esteem."
"I don't trust myself."

"My insecurity was profound."
"Nothing that I have to say is of value."
"I realized that I hated myself."

b) ***Lack of confidence – 50%***

"I still lack confidence because of what happened to me."
"My confidence was shattered."
"I have no self-confidence."
"I have no faith in my ability."

c) ***Feelings of differentness – 40%***

"I felt very much like a leper, like I was not part of the human race."
"I want to be like everybody else."
"I have a desperate desire to be normal."
"I want to lead a normal life."
"Somebody some day is going to discover that I am actually insane."
"There must be something wrong with me."
"I thought maybe I was wearing a sign that says, 'Please feel free to do whatever you want to me.'"

d) ***Feeling dirty – 30%***

"I always feel dirty. I can see the dirt on me."
"I felt so dirty."
"I felt dirty when I had sex with men."

e) ***Feeling valued only for sex – 30%***

"They want to sleep with me and then leave me."
"I feel that I am purely available for men to have sex with."
"I feel that guys are only interested in me sexually, not as me."
"I am only good for one thing. I was put on this earth for sex."
"I know it isn't true but I feel at times that I was only created for a man's use."
"When I started having sex with two or three guys, I found that's what they liked me for."

f) ***Feeling stigmatized because of incest – 30%***

"If people know you have been sexually abused or raped, they never treat you the same again."
"Incest messes up your whole life. You can work towards making it better but you will always have a scar."
"It's as if there's a sign on my forehead saying, 'Abuse me!'"

g) ***Feeling like "damaged goods" – 25 %***

"I no longer want revenge because it wouldn't give me back my innocence or give me back the cleanliness I want."

"I wanted to keep my body clean and to be holy for my future husband, but my father forced himself on me."

h) ***Feeling ugly – 20 %***

"Because I was raped, I don't feel good about my appearance."

i) ***Feeling a slut – 15 %***

"If I had to describe myself in one word, I'd say I'm a whore."

"I've been trained to be a whore."

"I felt quite a whore."

j) ***Negative feelings about being a woman – 10 %***

"I feel that it's a sin to have a period and it's a sin to be a woman. Being a woman means being abused."

"I abhor myself and don't want to be female. I love men's clothes and hate clothes that are too feminine because they remind me of my mother and of being vulnerable and humiliated."

"My vagina was absolutely the most disgusting part of me."

k) ***Feeling destroyed*** [16]

"What my grandfather did has not just damaged me. It feels like he took my life."

"The abuse has been ruining my life for so long now."

3. Negative emotional states

a) ***Anger and hostility – 85 %***

"I spend hours fantasizing about tortures - stringing him up by his toes and hanging him from the ceiling and punching him every time I walk past."

"Sometimes I feel an enormous rage and desire for revenge towards him."

"It felt so good to stab him."

"I felt an incredible churning and violence in my life."

"I've been so mad with him, I've wanted to get revenge."

"I decided that I actually couldn't go to parties because I might kill men."

---

16 Since this was not used as a coding category before coding began, the percentage of survivors who expressed feelings of annihilation is not available.

After her father's death: "I took all the dildos and the other things [sexual paraphernalia] and a tracksuit of my father's. I built a daddy. Then I took a knife and scissors and I stabbed and stabbed and cut him up. I hated him. Then I burnt it all and then I buried the whole lot."
"I wish I had killed him with a knife."
"I was constantly being angry."

b) ***Anxiety, extreme tension – 70 %***

"I've got incredibly high levels of anxiety most of the time."
"I get anxiety attacks where I'm unable to breathe because of my fear."

c) ***Depression – 70 %***

"Depression was an incredible factor in my life. It was an inch by inch crawl to get myself out of the hole I had dug myself into."
"I get very depressed sometimes. At other times I feel numb. I don't feel like I am really alive when I'm at home."
"I suffer from depression; I feel empty inside."
"I used to wake up in a deep, deep depression with a heavy feeling that my life didn't matter."
"I've been depressed at least half my life."
"I felt so miserable, so distraught, so suicidal, and a complete mess."
"I felt hopeless and very depressed."
"I tell myself, 'In a couple of days the depression will blow over.' Sometimes it takes me weeks to get over it, sometimes a bit less, but it always comes back."

d) ***Trust problems – 70 %***

"I am overly sensitive; a person only has to make a mistake once and that is it. They are locked out."
"If somebody lets me down then that's it. I don't give second chances."
"I don't generally trust people, men or women."
"Jealousy is one of the main problems I have with men. I don't trust my boyfriend even though I know I can trust him one hundred percent."
"I still don't trust others with my feelings."
"I am suspicious in relationships with men."
"I *expected* him to betray me."
"I have an underlying level of mistrust."
"I decided I was not going to trust a man. You can't expect honesty from them."

"I was afraid that if people saw me as a human being, they would take advantage of me."
"I could never allow myself to be vulnerable."

e) ***Guilt – 60%***
"I still feel embarrassed and guilty about it."
"Perhaps if I hadn't taken his gifts, if I hadn't put up the 'For Sale' sign, he wouldn't have bought me."
"It must have been something about me, something about the way I sat, something I did, that made my grandfather rape and abuse me."
"Maybe I could have somehow found a way to stop him sooner."
"I had to deserve it somehow."
"I felt a lot of guilt about it."
"The hardest part for me was accepting that I actually enjoyed parts of the sexual abuse."
"I feel guilty about saying what he did out loud because I felt as if it couldn't possibly be true."
"In the Reformed Church they teach you, 'Don't whore around'. I felt guilty because the church considers it whoring around even if your father forces you to have sex with him."
"According to my stupid, immature ideas, I had come between my parents."

f) ***Extreme worry about children being sexually abused – 50%***
"I have always had a fear of marriage and finding out that my husband was sexually abusing my children."
"I was glad that C. was a boy because if I'd had a girl I would have always been afraid of what my husband might do to her."
"I don't trust any man with any child. I prefer little girls to stay away from men."
"I worry about little girls."

g) ***Difficulty feeling and/or expressing feelings – 45%***
"I've always pushed my feelings aside."
"I hadn't got in touch with my rage."
"When people asked me how I was I would say 'I'm fine', even if I wasn't."

h) ***Excessive shyness about body – 40%***

"I hate people to look at me."

"I've always had a problem with my body. I've never wanted to show it."

"I used to crouch on the floor to undress."

"I'm always trying to shrink away when I'm walking in the street."

"I couldn't get undressed in front of him [husband]."

"I couldn't stay naked. I hated it."

"I wasn't the type of person to run around in a bathing costume. I'm still too shy and self-conscious about showing myself to do that."

"I don't want people to look at me."

i) ***Fear – 35 percent***

"I feel frightened like that Std 6 child again."

"I'm afraid of the man's, the daddy's, world out there. It's like my father – unpredictable, violent, and cruel."

j) ***Phobias – 35%***

The term phobia is defined as an abnormal or morbid fear or aversion. Phobias are related to repression because the original experience that later manifests as a phobia is typically repressed. Hence, those who suffer from phobias are frequently unaware of their origin.

i) *Phobic reaction to sex acts associated with the experience(s) of incestuous abuse – 30%*

"B. does certain things to me that really bother me, like he comes up behind me and touches my breasts. I slap him when he does that."

"He wanted to have oral sex with me and I immediately froze like a little icicle and said, 'No'."

ii) *Other phobic reactions*

"The doctor told me he has never in his life seen anyone so terrorized by injections."

"Throughout my life I would panic if I walked past a parked car with a man sitting in it, or if I saw a man playing with a little girl, or men touching girls."

"I'm still afraid of darkness. It makes me frightened and insecure."

"I have a terrible hang-up about curtains and sleeping next to the window."

"I can't handle a dark, quiet room because my fear of the dark is terrible. I'm also afraid of being touched during the night."

"I've been inundated with both males and females coming on to me sexually since about the age of 14 (females in my lesbian period). I've developed almost a phobia about this. I stay away from social situations in which I might experience it."

k) ***Flashbacks – 35 %***

Like phobias, flashbacks are intrusive and recurring images that flash unbidden from a person's unconscious into her awareness at inappropriate but symbolically meaningful times. Survivors' flashbacks are often very disturbing incest-related images that make it impossible for them to continue the activity they were engaged in at the time of the flashback.

"Sometimes when J. was touching me, pictures of my father would break through."

"While he was doing it [sodomy], I was crying ... and he said, 'You feel like when you were little. You think that I am your grandfather.' I said, 'Yes', but in my mind I said, 'Yes, Grandpa'."

"Images of my father constantly intrude when I'm having sex."

"I can be relating with glorious intimacy with a woman when suddenly, there is my father in my body and his face is right in my face."

"I had flashbacks of I.'s penis when N. and I were making love."

"Sometimes I get flashbacks, especially when I've been talking about the abuse."

"I had flashbacks of Uncle E. looming over me."

l) ***Shame – 25 %***

"I feel humiliation because of all the abuse."

"It is so automatic to hide that secret person – to be ashamed of her."

m) ***Perception of self as victim – 25 %***

"I feel that I'm in power when leading up to sex, but the minute penetration happens, I see my grandfather and I'm a little girl again. Afterwards I feel used. A victim."

n) ***Feelings of social isolation – 25 %***

"Nobody loved me and I didn't love anybody and it was awful."

"The fact that I'm single means that I depend on friends for my intimate relationships. Since I live in a couple-culture in which most people, friends included, have primary relationships, this means I can be isolated at times, particularly around holidays and on the rare occasions that I'm ill."

"Because of the abuse and the battering, I separated myself from people. I haven't become trusting or close with anyone. My relationships are very superficial."

o) ***Identity problems – 15%***

"I dream what it must be like to grow up through those years of 14 to 18 without having been abused."

"I feel I would have been a different person if he hadn't sexually abused me. I would still think the world is a lovely place to live in."

"I wonder who I would have been if all the abuse had not happened to me."

p) ***Mental hospitalization for breakdown – 15%***

"I've been hospitalized many times."

q) ***Suicidal ideation – 15%***

"For a lot of years I carried one of those old razor blades with me in case I wanted to kill myself one day."

r) ***Intense dislike of body – 5%***

"I abhorred myself physically."

s) ***Distorted body image – 5%***

"When people tell me I'm getting thinner and thinner, I think, 'No, I am getting old and fat.'"

4a. Sexual problems

a) ***Negative feelings towards sexual activities and arousal sensations associated with the incestuous abuse – 60%***

It is often difficult to distinguish these negative feelings from phobias particularly when coding qualitative data. Fear is a key element in phobic reactions (defined as an abnormal or morbid fear or aversion). Also, phobias presumably occur on a regular basis rather than once or irregularly, and are more entrenched and difficult to alter than negative feelings towards sex associated with the incestuous abuse. However, it was not always possible to definitively categorize a reaction as a phobia or a negative feeling when coding the qualitative data obtained in this study. I hope that future researchers will clarify this distinction better than I have succeeded in doing here.

"For me, kissing is a total violation."

"All the feelings connected with my father came back. I told him [husband] not to touch me and to lie far away from me when we were in bed."

"Getting intimate with her brought up all my incest issues very intensely. I couldn't stand to have my chest and my breasts and my stomach touched."
"Every time we had intercourse I felt so sick I vomited."
"I won't touch a man's penis even today. I feel it's wrong."
"One night as my husband kissed me he pushed me back, and the whole feeling [accompanying incestuous abuse] came back to me and I started vomiting."
"I can't masturbate because I associate this with the incest; I have a dislike of manual penetration for the same reason."
"Sometimes it is fine if he touches my breasts and sometimes it is absolutely intolerable."

b) ***Aversion to sex/avoidance and abstention from sexual activity – 40 %***

i) *Aversion – 20 %*

"Intercourse feels like a totally humiliating act at the moment."
"Every time we did it, I was disgusted because he felt like my father."
"I felt revulsion with every single lover I've ever been with."
"I have such an aversion to sex. It's so ugly and filthy and messy."

ii) *Avoidance and abstention – 20 %*

"I dreaded intercourse before I had it, and did not enjoy it at first; I had to learn to like it, and that took years and many different partners."
"The abuse turned me totally off sex."
"Sexually I am probably a failure because I am quite happy never to have it."
"I succeeded in avoiding any sexual contact except kissing with the numerous males who were interested in me at varsity. Sex was a real no-no for me. If males asked me how they were supposed to kiss me, I said, 'Like a baby.'"
"When I left school I didn't want anything to do with sex."

c) ***Inability to experience sexual pleasure – 35 %***

"It was like they had gone to the toilet in me."
"I was 'frigid' for a long time; I couldn't even find my clitoris. I was looking for a sensitive spot but was so anaesthetized that I couldn't feel any particular sensations there, either on my own or with a sexual partner."
"I didn't enjoy it much."

"I would really perform."
"I only started to enjoy genital fondling after I had started dealing with the incestuous abuse by talking about it and confronting my brother when I was about 20 or 21."

d) ***Difficulties achieving orgasm – 30%***

"I still have problems in the orgasm department."
"Since my clitoris was anaesthetized, I didn't feel close to orgasm for many years. (I finally became orgasmic with a partner when I was 27.) I was so relieved that I could even get turned on sexually that I didn't care for many years that I couldn't come."
"I'm not very easily orgasmic."

e) ***Sexual promiscuity, sexual preoccupation and compulsive sexual behaviour; prostitute-like behaviour/becoming a prostitute – 30%***

i) *Sexual promiscuity, sexual preoccupation and compulsive sexual behaviour – 17%*

"I was just the easiest lay in town."
"After I left school, I started drinking at parties and sleeping around with one man after the other."
"I once knew the names of all the men I'd slept with. There were about 20 to 30 of them in about two years."
"I had always been very promiscuous ... After I returned to South Africa from Europe I must have slept with over 150 men. I would sleep with anything."
"I kissed nearly 60 guys in the space of a year and a half." "I screwed every man I could."

ii) *Prostitute-like behaviour (expects payment, sees sex as a commodity, alienated from sexuality) – 13%*

"My approach was, 'Sleep with him and get the sex behind you.' Otherwise you have this cock in the way all the time."
"I repetitively slept with men and it was coldly and calculatingly planned."
"If I was not worried about disease and if I could make money out of it, I would probably go that way [become a prostitute] myself."

f) ***Confusion of sex with love, care-getting and care-giving – 25%***

"Every time I slept with them I was trying to get them to love me."
"For me it was like all the men in my life: if you love them or you care about them, all they want is sex."

"I associated sex with love."
"I was always trying to get more love through sex. I mixed the two up."

g) ***Guilt about enjoying sex – 20 %***
"Sex was fine when I was having it, but I always felt guilty afterwards."
"Before leaving the country at 20, I allowed one guy to touch my breasts. Although I enjoyed it, I felt terrible guilt and shame afterwards, and became quite hostile to him as a result."

h) ***Compulsively seductive behaviour – 15 %***
"I used to have a ball leading men on."
"I was seen as a nymphomaniac who took every man away from every woman."
"When I'm around older men I act so seductively and flirtatiously that they probably think, 'This girl really wants it. We might as well give it to her.'"

i) ***The sexualization of formerly sexually-taboo people – 15 %***
"I found myself feeling sexual about people I wasn't supposed to be feeling that way about."
"I have often had powerful and quite long-lasting obsessions about powerful inaccessible males and females, such as professors, therapists, and other authority figures. Because I experienced the ineffectualness of the incest taboo in preventing my brother from coming on to me, I'm not discouraged by inaccessibility, and keep plotting and planning on how I can win the person in question. As soon as I get information that indicates that they are really not interested, I give up. Unfortunately, the taboo itself doesn't function this way because of my incest experience."

j) ***The eroticization of pain and abuse – 10 %***
"I have the feeling in my body that my attraction to S/M is connected with the incest experience with my father ... "
"Sometimes when I masturbated, I would use abusive sexual experiences to fantasize about."

k) ***Sexually abusive behaviour towards others – 10 %***
"I had this compulsion to abuse men."
"I would really 'cock-tease'... and I would criticize their performance."

l) ***Sexually abusive urges towards others – 5%***

"If I hadn't read as much about the effects of sexual abuse and what abuse does to you, I think by now I would probably have abused my daughter so she would have to live the way I had to."

m) ***Need to remove self emotionally from sex – 5%***

"I cut myself off ... Sex doesn't have anything to do with emotion."

n) ***Uses sex to feel powerful – 5%***

"Sex makes me feel powerful. I only feel in control when it is a use/abuse situation. I get such a thrill from being in charge and being in power and making men want sex. After I've turned them on, I say, 'Okay, I'll give it to you when *I'm* ready'."

o) ***Ambivalent attitude to sex – 5%***

Expressed aversion to sex, yet also enjoyed it "occasionally".

p) ***Over-valuation of sex – 5%***

"I've wanted more sex than most of my partners. I think this comes more from feeling that sexual intimacy is primary over other forms of intimacy rather than that I have a strong sexual 'drive'. For example, I have no difficulty being celibate, but if I have a partner, I want sex every day."

4b. Interpersonal problems

It is very common for incest survivors to blame their mothers even more than they blame their perpetrators, even when their fathers were the perpetrators. This finding was replicated in my sample. The division of labour between parents typical in traditional families presumably accounts for this phenomenon; because childrearing is considered the primary responsibility of mothers, children are more apt to blame them, rather than the fathers, for failure to protect them from harm.

a) ***Negative effect on relationship with mother – 55%***

"I think what happened to me was actually my mother's fault. My father would have never come to me if she had given him what he wanted. If the woman keeps the man happy he will never do things like that unless there is something physically wrong with him or he is mad. It isn't fair of me to blame her but I do because I'm her daughter."

b) ***Difficulties relating to men because of antipathy/lack of trust in men and feelings of betrayal – 50%***

"The extent of my jealousy isn't normal."
"My logical mind tells me that other guys won't necessarily be the same [as the perpetrator], but I don't want to risk finding out."
"I absolutely love making men cry."
"I can't get in a lift with a man."
"I didn't [and still don't] trust men."
"I loathed men."
"I don't trust any man with a child."
"I don't trust men; I don't think their behaviour merits trust, so I don't consider my lack of trust a problem. I consider their lack of trustworthiness to be *their* problem. They have difficulty with sexual and emotional fidelity, they feel entitled to be served and serviced, etc. etc."
"It has been difficult to trust relationships, or friendships, with men."
"I have had better relationships with men if they are not very close."

c) ***Chooses partner(s) like incest perpetrator – 40%***

"He had exactly the same personality as my father."
"My husband started acting like my father."
"I had sex with a man who was a lot older than me who reminded me of my grandfather."
"I have been both attracted and repelled by powerful men. I chose to marry a man just like my brother, even though I hated him and even though I married 14 years after the incestuous relationship. This made it evident how hooked in I still was to the incest experience."

d) ***Negative effect on relationships with other family members – 35%***

"I hate her [sister] for not believing me [about the incest]."
"I am taking my anger out on my husband and my children."

e) ***Feelings of isolation, stigma or alienation – 30%***

i) *Isolation or alienation*

"Sometimes I feel that no one loves me."
"I've been isolated my whole life."
"I sometimes think I am the only person in the world who has these feelings."

ii) *Stigma*

"When you tell some people that you are an incest survivor, they use it against you. You are diminished in their eyes."

f) ***Negative effect on relationships with friends – 30%***

"It is so hard for somebody to get to me, to really connect with me. I am far too afraid."

g) ***Negative impact on relationships with women – 25%***

"It has affected my relationships to men and to women as well, because of my mother's response."

h) ***Extreme cynicism about romantic, sexual relationships – 25%***

"Now I am starting to doubt whether I do really like my partner ... I look back over all my relationships and I see they were all terrible."

"The thought of sexual activity with a man at the moment makes me cringe ... I don't want to get involved with a man, and not with a girl either."

"I don't believe there is such a thing as romance or love."

"It is really not worth the bother any more as far as I'm concerned. There are too many strings attached."

i) ***Destructive impact on maternal feelings – 25%***

"I can't stand children."

"When my daughter was born, I didn't want her. She was created in evil. I had a long battle bonding with her."

"I turn my children into objects. I just want to manipulate them around to suit me."

"I could not bear the thought of having a child."

"There are lots of reasons why I never wanted to have a child. One was that I wouldn't trust my husband with a daughter because of what happened to me."

j) ***Inability to have long-term romantic/sexual relationships – 15%***

"I am worried that I won't be able to maintain a relationship."

"My marriage was extremely destructive and life threatening. The fact that I chose a man like my brother made me totally wary after we divorced because of the extreme danger I felt about getting into another committed relationship. I've never been willing to risk it since then, and I'm sure I

never will. In 35 years of adulthood, three years is the longest relationship I have had. For the last ten years I have been celibate, and anticipate being so for the rest of my life."

k) ***Manifests an addiction to relationships with men no matter how disastrous they always are for her – 5%***

l) ***Confusion of boundaries between sexual and non-sexual relationships – 5%***

"How am I supposed to know where there is a limit between a sexual and a non-sexual relationship? I mean, if something is affectionate, it has to be sexual as well."

m) ***Inability to be affectionate – 5%***

"I am a cold person and not affectionate."

n) ***Love/hate relationship with perpetrator – 5%***

"I have a kind of love-hate relationship with my brother; I still find myself temporarily seduced by him from time to time. I still consider it a sexualized relationship, just as relationships with past lovers often are. I'm more concerned about my appearance with him, whether he still finds me attractive, and crap like this."

5. Physical consequences and somatic complaints

a) ***Physical effects***

i) *Physical effects on genitals and anus – 5%*

"They both sodomized me. It was incredibly sore and I still have scars from it."

ii) *Other physical damage – 5%*

"I still have a scar on my eye."

b) ***Somatic complaints***

i) *Sleep disturbances: nightmares and insomnia – 50%*

"I have nightmares in which I cut off my breasts because I don't want to be a woman."

ii) *Eating disorders: bulimia, anorexia, obesity – 40%*

"I wouldn't eat because I felt I was getting too fat although I didn't actually put on weight."

"Bulimia is also a way of punishing myself."

"I still reward myself with eating, the way my grandfather used to reward me."

"When I eat, I push things back down."

"I cut myself off from my body to such an extent that the first time I remember feeling hungry was just after my father died."

"When I start slimming down a bit I eat lots of chocolate so that I put on weight again."

iii) *Chronic and acute somatizing, e.g., epilepsy, illnesses, aches and pains with no known physical cause – 30%*

"I had chronic spastic colon attacks for 12 hours at a stretch."

"I suffer from stress-induced rheumatoid arthritis."

Epilepsy and hernia were also mentioned.

iv) *Migraine and other headaches – 20%*

"I suspect that these headaches are related to I.'s abuse."

"The headaches were from suppressing my anger."

"I started getting incredible headaches for no reason [preceding recall of incest experiences]."

"I have headaches when I can't work through my problems. There is no medical reason for them."

v) *Gynaecological problems – 20%*

"I have suffered from cystitis quite a bit in my early heterosexual days, and even in adolescence. I believe it may be related to incest-caused 'frigidity' after I was sexually active, but I have no idea what caused it before then."

vi) *Nervous rash – 10%*

vii) *Mental illness – 5%*

viii) *Depression (biochemically-based) – 5%*

"I have suffered from depression since my 20s. I only discovered effective medication for this when I turned 50. The medication has drastically improved my life. Doctors consider my depression to be genetic; there's been a lot of depression in my family."

6. Overt behaviour

a) ***Self-destructive behaviour, e.g., suicide attempts, desire to hurt self, attempts at self-harm, self-mutilation – 65 %***

"I often used to cut myself with knives on my legs."

"I was alone and I had the tablets and it seemed easier to take them than to wake up and have to go through the struggle of a whole new day again."

"I engaged in risk-taking behaviour which could very easily be to punish myself."

"Taking drugs was self-abusive because as much as I knew it was destroying me, that was exactly what I wanted to do."

"I kept on scratching and cutting myself all over. I made little nicks in myself and watched myself bleed."

"I have crashed my car on purpose about five times."

"I don't call it a suicide attempt. My life belongs to me and if I choose to end it, I will."

"I take poor care of myself nutritionally; I don't get enough sleep, so I feel tired; I put work before my own needs; I used to drink in a self-destructive way; I won't spend money on myself; I don't celebrate my successes. In numerous ways, I act out the feeling that my work is more important than I am. That without it, I am not worthy. This makes me very easily depressed if I am unproductive in my work."

"Everything was going wrong in my life. I had never been happy. I swallowed more than 100 vitamin pills, headache pills and tranquilizers."

b) ***Difficulties at school, e.g., truancy, poor concentration, sudden deterioration of grades, early departure from school – 55 %***

c) ***Employment and career problems, underachievement – 40 %***

"I have sabotaged my career and everything else."

"I got mediocre jobs where there wasn't much pressure."

"I was working very badly. I was failing in everything."

"My father [the perpetrator] did not believe in me as an intelligent human being. I have a hangup around being successful and succeeding with my brain in any way."

80

d) ***Addictions***

i) *Drug or alcohol abuse, smoking – 30%*

"There was a period when I smoked marijuana every day."
"Being high was necessary for me. It was a survival thing." "My smoking was a form of self abuse."

ii) *Other addictions – 35%*

"I became addicted to tranquilizers and sleeping pills."
"I got into sex in the same way as some women get addicted to drugs and alcohol."
"I was on pills and I was high most of the time."
"I was addicted to pain-killers."

e) ***Need to be in control in relationships – 35%***

"I am at ease now because I know I am in control."
"I wanted to feel in control and strong."
"I am trying to control my husband."
"It certainly had an influence on my relationships with boys my age. I set the pace and was in control of all situations."
"I need to be in control not only in the actual sexual act of having sex or being sexual, but in the whole process of sex and in being the initiator."

f) ***Escaped from home***

i) *Running away from home – 25%*

ii) *Early departure from home (before age 18) – 25%*

iii) *Early marriage to get away from home – 20%*

g) ***Blocked creativity – 25%***

"I stopped being able to paint any more because of my incest memories."
"I don't use my head as much as I could."

h) ***Broken marriage – 25%***

i) ***Constant washing and showering – 20%***

"After the abuse I used to try to scrub myself clean."
"I scrub myself raw every morning. I shower two to three times a day but I am never clean."
"I am a fanatic about cleanliness."

j) ***Puts on weight to keep men away – 20%***

"I spent my time eating and put on about 30 pounds in about three weeks. I did it to protect myself by getting as unattractive as possible."

"I have found that when I am fat, men are not interested in me, so now I am happy being fat. I feel contented."

"If I am fat then men won't like me."

"It is a conscious thing on my part to stay fat."

k) ***Marriage avoider – 20%***

"I have always had a fear of marriage."

"Deep down from very early, I never thought of myself as someone who was going to ever marry."

l) ***Adolescent pregnancy – 10%***

m) ***Perfectionism – 10%***

"I would leave a job because I would be too frightened to get caught for making a little mistake."

"I don't feel good enough unless I produce perfect things."

n) ***Aggressive and anti-social behaviour – 10%***

"When I get the hell-in with myself, I steal tiny things that I can actually pay for."

o) ***Overly passive and subservient – 5%***

"I lived this terrible life of never wanting to be a problem to anybody, so I've become overly passive."

p) ***Discomfort with affection from friends – 5%***

"I am uncomfortable with touch in non-sexual relationships; I give off a feeling of physical distance to keep people away. Touch is dangerous. If I hadn't touched my brother, I feel it never would have happened."

7. Revictimization

The reason there are no quotations in this section is that women rarely see a connection between their being incestuously abused and their being revictimized later. This is a finding that has been reliably established by empirical research, not by the testimony of survivors (Russell, 1986).

a) ***Revictimization – 40 %***

b) ***Victim of partner-beating/-battery/-violence – 25 %***

c) ***Victim of wife-/partner-rape – 15 %***

d) ***Sexual victimization by authority figure – 15 %***

These authority figures include a headmaster, therapists, teachers, university instructors, doctors and dentists.

8. Positive or neutral effects[17]

Some of the incest survivors felt that their experiences had culminated in one or more positive effects. Others did not indicate whether they considered the change positive, negative, or neutral. For example, 45% of the respondents defected from the religion in which they had been raised. Such defections have been found to be significantly related to childhood incest abuse (Russell, 1986). However, the defectors did not associate this change with their incest experiences (and it undoubtedly was not related in all instances); nor did they say whether or not they considered this change to be positive or negative. Combining "neutral" with positive effects in this section enables me to avoid making a value judgement on this matter.

a) ***Becomes more self-respecting, creative, compassionate, a fighter – 50 %***

"I am actually glad that the abuse happened to me because I believe it has helped me to have more empathy and understanding of other people."
"It made my personality stronger."
"I am also strong in some ways. I have been through a lot and I feel I can make it."
"I feel good about my militant stance as a survivor."
"One of the things the abuse has taught me is to stand up for myself."
"I was brave and I fought back."
"I have learned a lot and have been able to deal with a lot."

17 This heading might be misconstrued as referring to the fact that some survivors derive sexual pleasure from their incestuous experiences. However, such feelings typically increase the trauma of the abuse rather than diminish it. Survivors who experience sexual pleasure usually feel even more guilty about their victimization experiences than survivors who abhor all aspects of their abuse.

"I feel powerful and empowered by the way that I have dealt with it."
"What happened with my uncle made me fairly assertive."

b) ***Increased ability to avoid oppressive relationships – 50 %***

"I'm not letting a man rule me."
"My experiences have made me very determined to be myself, and very determined that I will not do anything I don't feel comfortable with."
"I don't have to put up with rape in marriage."
"Although it was very distressing to realize I had married someone just like my brother, I think women are much better off being marriage-free in patriarchal societies. So I am really glad I didn't stay married."

c) ***Developed interest in sexual relationships with women – 55 %***

Many heterosexual women expressed an interest in relating to one or more women sexually. It is common in homophobic societies like South Africa to consider such an interest negative. Women who decide to become lesbian because of their traumatic experience(s) of sexual abuse are often even more frowned upon. However, no woman in this sample viewed her sexual feelings for women negatively, whether they were transitory or more long term, and several viewed becoming lesbians positively or *very* positively.

"I remember my first experience of having sex with a woman, I had a sense of wholeness and cleanness."

"I'm a lesbian so men are not getting through to me. I'm protected against them."

"I felt safer with a woman."

"I would never have been able to heal on my own; all that I've achieved is through my experiences of affirming, loving lesbianhood."

"Maybe if I'd had a more positive experience with men, I would have been slightly more open-minded [about being heterosexual], which I am not."

"At the age of 34 I deliberately rejected men and resocialized myself to become a lesbian because I consider that the vast majority of men are unwilling to have equal relationships and cannot be trusted in millions of different ways. My lack of trust comes from many different experiences, reading, talking, observing, etc. aside from the incest. However, I am sure the incest also played a part in enlightening me about men's untrustworthiness."

d) ***Defected from religion of upbringing – 45 %***

"After my father started sexually abusing me, I lost interest in religion."

e) ***Developed concern about rape and other forms of sexual abuse – 45 %***

f) ***Rejected myths about sexual assault and pornography – 40 %***

"The secrecy around incest must end and I have nothing to be ashamed of."

"As an adult, I know it is wrong to feel guilty about being sexually abused. No parent should behave like that with a child."

"When my father showed me pictures of nude women in his bar, I said, 'This is pornography. This is not an appreciation of being natural.'"

g) ***Influenced work/career – 30 %***

"It has been the basis of the work I have done in my adult life."

"I worked at a Rape Crisis centre for many years."

"It [the incest] was unjust and I raised enough fire to be active in Rape Crisis work, seeing other women through similar experiences."

h) ***Questions authority more – 25 %***

i) ***Values life more – 5 %***

"It is such a profound experience that life becomes more valuable."

A SURVIVOR SUMS UP THE LONG-TERM EFFECTS OF INCESTUOUS ABUSE ON HER LIFE

"What my grandfather did has not just damaged me. It feels like he took my life. He stamped on it. Then he put it in the fire, set it alight, chewed it, spat on it, and said, 'Now that your life is screwed up, live it!' That is the damage he has left me with. It has affected every little thing that I have done. It affects me from when I wake up in the morning and I start scrubbing myself with disinfectant to when I go to work and I can't get in a lift with a man, to when I go to work and a man tells me to do something and I don't want to do it and I don't have time to do it but I say 'yes' because I can't say 'no' to him. It has damaged me as a mother because I am scared of raping my child. It has damaged me as a wife because I can't love my husband. I suppose the only positive legacy that my grandfather has left me is that I'm very good at sex.

"I'm even scared ot being free of the abuse. I have hung on to the damage because I'm used to it. It's like being given a broken vase. You know what it looks like when it's cracked. What will it look like when it's fixed? Will it ever be okay or will they put it back together skew? If I'm whole and I'm free of it, who will I be?"

CONCLUSION

Having attempted to apply Browne and Finkelhor's distinction between initial and long-term effects in this study, I now think that they should be reformulated. Specifically, I think that the concept of initial effects should refer to the effects on the victims at the time of the abuse and in its immediate aftermath, not those that emerge over a two-year period after the abuse.

I hope that the conceptual framework within which the effects of incestuous abuse have been organized in this and the previous chapters, as well as the effects listed within each category, will prove useful to other researchers. Researchers who are interested in doing a systematic quantitative study (rather than an exploratory one) of the impact of incestuous or extrafamilial abuse, for example, may wish to adapt this conceptual scheme as they see fit.

CHAPTER 8

CONCLUSION AND RECOMMENDATIONS

THE DAMAGING EFFECTS OF INCESTUOUS ABUSE ON SURVIVORS

> For those who aspire to an image of free womanhood, incest is as destructive to women as genital mutilation or the binding of feet (Herman, 1981, p. 125).

There have been several influential researchers and writers in the United States who have been described as pro-incest and others equally guilty of severely minimizing it. For example, Wardell Pomeroy (1976, p. 101), one of the authors of the influential Kinsey Reports, wrote as follows:

> When we examine a cross-section of the population, as we did in the Kinsey Report, rather than a selection of those in prison for incest or those who seek therapy because they are disturbed by incest, we find many beautiful and mutually satisfying relationships between fathers and daughters. These may be transient or ongoing, but they have no harmful effects.

A major goal of my US book, *The Secret Trauma* (1986), was to document my findings on the impact of incestuous abuse on survivors. After substantiating some of the negative long-term effects by applying both subjective and objective measures, I hoped that the claim that incestuous abuse is harmless or relatively innocuous would finally be put to rest. However, this claim is still being made by Ann Levett in South Africa, although it seems very unlikely that South African incest survivors would be less disturbed by incestuous abuse than incest survivors in other countries.

Consider, for example, the following statement by Levett (1988, p. 132) (previously cited in the introduction):

> This is not to say that such experiences [of child sexual abuse] have no effects whatsoever, but rather that *all except the most physically injurious or dangerous situations are likely to be diluted in the general wash of similar experiences* (emphasis mine).

Of the 31 experiences of incestuous abuse mentioned by the 20 survivors in my study, only 6% involved severe force or violence (see Table 5.10), and the number of physically injurious experiences were relatively few. Nevertheless, my analysis of survivors' statements about the effects of incestuous abuse on their lives cited in

Chapters 6 and 7 provide convincing evidence that the impact of these experiences has not been "diluted in the general wash of similar experiences".

Of the 20 survivors that I interviewed, there is not a single one for whom Levett's quote would be an accurate description. One survivor among the 20 had attempted suicide five times by the age of 25. Her obesity is also seriously threatening her physical health. Her bulimia is causing havoc to her body. Many of the others also attempted suicide or engaged in other kinds of self-destructive behaviour, some of which were life-threatening (for example, the survivor who crashed her car on purpose five times).

It is worth noting once again that I did not deliberately select survivors who had been particularly traumatized by incest. I interviewed every survivor who volunteered for my study. Although I pointed out previously that survivors who had been only mildly affected by the abuse were less likely to volunteer for such a study, it is also true that some of the most traumatized would not, or **could** not, volunteer, for example, those in mental hospitals, prisons, and other institutions. Obviously, those who took their own lives, died of incest-related illnesses, or were killed, are also not represented.

It is evident that Levett grossly minimizes the destructiveness of many women's experiences of child sexual abuse in South Africa – including incestuous abuse.

It is clear from the experiences of countries with greater awareness of incestuous abuse than contemporary South Africa, that when the survivors start to speak out about their pain and suffering, attitudes and policies towards incestuous abuse begin to change. To the extent that South Africans are convinced by Levett's opinion that there is nothing much for incest survivors to speak up about, there will be little motivation to start to deal with this problem in a more just and efficacious manner. Denying or minimizing the effects of incestuous abuse will not help to lift the veil of secrecy and shame that still silences most survivors in South Africa.

Males tend to act out their psychic problems on other people in violent and sexually abusive and destructive ways far more frequently than females. Nevertheless, when women manifest destructive acting-out behaviour towards themselves or others, careful investigation frequently shows that they have a severe experience of incestuous abuse in their histories. I refer to women drug addicts, alcoholics, runaways, prostitutes, suicides, women in mental hospitals, women delinquents and criminals, and women who are perpetrators of child sexual abuse (e.g., Bagley & Thurston, 1989; Briere, 1989; Browne & Finkelhor, 1986; Herman, 1981; James & Meyerding, 1977; Silbert & Pines, 1981).

In the 19 countries where surveys of child sexual abuse have been conducted in large non-clinical populations of adults, "all the studies that looked at long-term

effects also found a history of sexual abuse associated with adult mental health impairments" (Finkelhor, 1994). Collings' study in South Africa is included among the 19 countries.[18] It is time that South African scholars and service workers who have been influenced by Levett's serious discounting of the destructive effects of incestuous abuse, realize that her conclusions are refuted by the overwhelming majority of scientific studies conducted in the rest of the world, as well as by my exploratory study in South Africa.

ESTIMATING THE MAGNITUDE OF THE PROBLEM OF INCESTUOUS ABUSE

Although Collings has done a ground-breaking study on the prevalence of child sexual abuse at the University of Natal, his data on females have not yet been published, and I have only had access to a few pages of data from his doctoral thesis (1994). Presumably Collings will make this study more accessible to the community of scholars, and presumably other researchers will undertake studies of prevalence on other populations and in other locations in South Africa. In particular, more black women need to be included in future studies. (Although Collings did not provide me with information on the ethnicity of the women who actually returned his questionnaires, almost two-thirds of his target sample was white.)

When more research representing a broader spectrum of South African women becomes available – assuming it is well-designed by researchers who understand how to overcome the difficulty of obtaining prevalence data on stigmatized experiences – I anticipate that the prevalence of incestuous abuse will be even higher than it is in the United States. Four of my reasons for this prediction are:

1. The rape rate in South Africa appears to be almost double what it is in the United States (Russell, 1991).
2. Stepfathers sexually abuse their stepdaughters disproportionately more often than biological fathers sexually abuse their daughters (Bagley & Thurston, 1989; Finkelhor, 1986, pp. 77-79; Russell[19], 1986). Due to the long history of apartheid in South Africa that forced millions of African families to live apart, and due to the high rate of criminal and political violence in this country, the number of broken families in South Africa is exceptionally high. Broken families

18 Collings also made some of his unpublished data on the sexual abuse of females available to Finkelhor for citation in his cross-national survey (Finkelhor, 1994).

19 I devote an entire chapter to explaining the disproportionate frequency of incestuous abuse by stepfathers (Russell, 1986, pp. 256-269).

signify more steptathers, adoptive fathers, and foster fathers, and therefore higher rates of incestuous abuse.

3. Decades of abject poverty and brutal injustice as a result of apartheid culminated in very high rates of violence in South Africa – on the part of the elite and the state that represented them, as well as the oppressed black masses. When governments lack legitimacy for the majority of citizens, and when the use of violence is seen as necessary and acceptable by those struggling for justice and social change, violence against women and children is also likely to escalate. The more accustomed people become to using violence for political and/or criminal ends, the easier people (typically males) find it to employ force and violence in personal relationships as well. Consequently, when there are high rates of political and criminal violence in a society, I presume that girls and women are frequently among the unrecognized casualties.
4. Disintegrating, poverty-stricken, and demoralized communities with high rates of alcohol consumption and drug abuse are widespread in many regions of South Africa. High rates of these kinds of substance abuses are associated with high rates of incestuous abuse (as well as other forms of sexual and non-sexual violence against women) (Bagley & Thurston, 1989; Browne & Finkelhor, 1986; Russell, 1984 and 1990).

On the other hand, pornography in South Africa is as yet far less prevalent, accepted, and violent than it is in the United States. Considerable research shows that pornography plays a causal role in violence against females (for example, see Court, 1979; Lederer, 1980; Russell, 1984, 1993, 1994a, 1994b, 1994c). So, depending on how the pornography issue is handled by the new government in South Africa, this factor could serve to lessen the magnitude of the disparity between the rates of incestuous abuse in South Africa and the United States.

Unfortunately, it appears that the new South African government is taking a *laissez-faire* stance towards pornography, failing to recognize the misogyny inherent in it, as well as the causative role it can play in child sexual abuse and other forms of violence against women. And government policy aside, the accessibility of pornography through computers and the international video market is difficult to monitor or control, and is likely to increase in leaps and bounds in South Africa as it is doing in so many other countries. Hence, pornography is likely to become an increasingly relevant contributor to growing rates of incestuous abuse and other sexual crimes against women and children. Nevertheless, at this moment in time, the pornography industry has not yet saturated South Africa on anything like the scale that it is has saturated the culture of the United States.

THE IMPACT OF INCESTUOUS ABUSE ON THE FAMILY

Social anthropologists distinguish between families of origin (a person's parent(s) and siblings (if any)) and families of procreation (a person's spouse/partner and offspring). Both are affected by the occurrence of incestuous abuse. Sociologists distinguish between nuclear families (parents and children) and extended families (parents, children, grandparents, and the wider kinship network of aunts and uncles, cousins, etc.).

Although my definition of incestuous abuse includes sexual abuse by any relative, no matter how distantly related, this analysis will focus on the impact of incestuous abuse on the nuclear family, including whether or not survivors choose to be part of such a family.

1. The effect of the survivor's trauma on her family of origin

When one member of a family is traumatized by incestuous abuse, the entire family is likely to be negatively affected. This is all the more true when the perpetrator is a parent, or a sibling, or lives in the same home as the survivor. It is also especially true when more than one member of the family has been incestuously abused – as is so often the case. Incestuous fathers are prone to sexually abuse more than one child, particularly daughters. In my book, *The Secret Trauma*, I coined the term "secondary victims," to apply to "non-offending" mothers and siblings who are negatively affected by the incestuous abuse of another member of the family.

Several researchers have noted that many incest survivors come from families in which their mothers were powerless. For example, they were raped and/or battered by their husbands, or they were incestuously abused as children, and/or they suffered from physical or mental illness that rendered them ineffective protectors of their daughters (e.g., Herman, 1981; Finkelhor, 1979, 1986). For these and other reasons, the bond between mothers and their abused daughters is often a poor one (Herman, 1981).

Researchers have rarely noted, however, that the occurrence of father-daughter incest is likely to greatly increase whatever prior distance existed between mothers and their daughters. The burden on survivors of having to keep their experiences of incestuous abuse secret can be immense. They must remain silent about the reasons behind their symptoms of trauma, such as suicide attempts, eating disorders, nightmares, depression, self-mutilation, vaginal pain, rebelliousness. Hence, the poor bond between mothers and their abused daughters may be as much a *product* of the incestuous abuse as a risk factor for it.

Although the 20 respondents in my study were not specifically asked about the impact of incestuous abuse on their relationships with their mothers, 35% described it as having a destructive impact on this relationship. For example, one survivor said, "I withdrew from my mother after my stepfather touched me like that." Some mothers blame themselves for their daughters' problems, imagining that they must be bad mothers. Others start to reject their daughters for their difficult and incomprehensible behaviour.

Keeping the secret also tends to create or increase distance between the victim and other family members, who also tend to be affected by the survivor's symptoms.

Sibling reactions to the abuse vary greatly. Non-abused siblings often get less attention from their incestuous father than the victim, who may appear to them to be favoured. They have no way of knowing that the special treats she may get from him are in reality bribes to procure her sexual submission. Consequently, they often feel deprived and jealous of the victim. On the other hand, if the incest secret is ever divulged, siblings have to deal with why the father did not choose them. I would hazard the guess that serious cases of father-daughter incest would almost invariably have destructive effects on relationships between siblings.

Although disclosure of incestuous abuse to family members can demystify what has been going on, it typically wreaks havoc with the entire family. Most incest perpetrators deny the validity of the charge, requiring members of the family to take sides, often with devastating results. In cases of father-daughter incest, disclosure sometimes precipitates a family break-up, with the mother opting for divorce. More often it is the victim who becomes isolated. For example, one survivor in my study reported, "After that [mother's disbelief] I felt I didn't have a mother any more." Another said of her sister, "I hate her for not believing me" (about the incestuous abuse).

Sometimes the victim is even removed from the home as if she is to blame for the abuse. Even in those cases where divorce or separation results from disclosure, the victim's mother and siblings often resent her, as if she is responsible for all the losses they experience as a result of the family break-up. Even a single relationship that has deteriorated because of the incestuous abuse reverberates throughout the family system.

2. The effect of incestuous abuse on survivor's family of procreation

Impact on marital/partner relationship

The negative impact of incestuous abuse on survivors' relationships with men obviously affects the quality of their relationships with their husbands or male partners, as well, sometimes, as their female partners. In the words of one survivor: "It has damaged me as a wife because I can't love my husband." And according to another: "I am taking my anger [about the abuse] out on my husband and my children."

Some survivors specifically mentioned the difficulty they had trusting their husbands/partners because of the abuse. "I *expected* him to betray me," one survivor reported. "The extent of my jealousy isn't normal," said another.

Many survivors highlighted the negative impact of the incestuous abuse on the sexual dimension of their relationships. One survivor noted that, "Images of my father constantly intrude when I'm having sex." Another mentioned that, "While he was doing it [sodomy], I was crying ... and he said, 'You feel like when you were little. You think that I am your grandfather.' I said, 'Yes,' but in my mind I said, 'Yes, Grandpa'."

Incestuous abuse manifested in an aversion to all sexual contact with men for several survivors, both heterosexual and lesbian. One survivor put it this way: "Intercourse feels like a totally humiliating act at the moment." Another said, "Every time we did it, I was disgusted because he felt like my father."

Becoming repulsed by certain sex acts associated with the incestuous abuse was another frequently-mentioned symptom. One survivor reported that: "Getting intimate with her brought up all my incest issues very intensely. I couldn't stand to have my chest and my breasts and my stomach touched." Another said, "Every time we had intercourse I felt so sick I vomited." Yet another: "I won't touch a man's penis even today. I feel it's wrong." Obviously these kinds of symptoms are likely to have a negative effect on the quality of marital and partner relationships.

Promiscuity and compulsive seductiveness are other common effects of incestuous abuse. These effects frequently jeopardize marital/partner relationships, since few men and women are willing to tolerate infidelity. "I've been trained to be a whore," said one survivor, who engaged in many extramarital affairs with both married and unmarried men. Obviously such behaviour also destabilizes other marriages. In the case of this particular survivor, for example, she enjoyed getting men obsessed with her. One of her married lovers wanted to get divorced so he

could marry her while another (her brother-in-law) attempted suicide because of his feelings about her.

Given all these effects, it is not surprising that incest survivors are significantly more likely to divorce or separate from their husbands than women with no history of incestuous abuse (1986). This finding, in turn, has a negative impact on many children, since research has shown that divorce is typically a traumatic experience for them.

3. The effect of incestuous abuse on mothering

Incestuous abuse is also likely to affect survivors' relationships with their children. For example, it caused the following survivor to reject her daughter because her pregnancy had resulted from marital rape: "When my daughter was born, I didn't want her. She was created in evil. I had a long battle bonding with her." Another survivor felt her incest experience had made her a heartless mother: "I turn my children into objects. I just want to manipulate them around to suit me." A third survivor disclosed that, "It [the incestuous abuse] has damaged me as a mother because I am scared of raping my child."

Some survivors are overly anxious and overly protective of their daughters because they are preoccupied with the possibility that they will be sexually abused. "I don't trust any man with any child," one survivor said. "I prefer little girls to stay away from men." This anxiety causes some survivors to distrust their husbands with their daughter(s), a feeling that must surely be detrimental to the marital relationship. "I was glad that C. was a boy," another survivor reported, "because if I'd had a girl, I would have always been afraid of what my husband might do to her." Another survivor said, "I have always had a fear of marriage and finding out that my husband was sexually abusing my children."

4. The effect of incestuous abuse on marital and maternal status

Marital status

Many of the respondents in my study had never been married. Some of these women were young and still likely to marry. Others were afraid of marriage because of their abuse experiences. "I have always had a fear of marriage", reported one survivor. While being afraid does not mean that these women will never marry, some incest survivors are determined marriage-avoiders because of their cynicism about romantic/love relationships, their lack of trust, their inability to enjoy sex, and/or their lesbian orientation. "Deep down from very early, I never thought of myself as someone who was going to ever marry," one survivor declared.

Maternal status

Other survivors attribute their rejection of motherhood to their experience of incestuous abuse. "There are lots of reasons why I never wanted to have a child. One was that I wouldn't trust my husband with a daughter because of what happened to me."

Yet other survivors attribute their dislike of children to their victimization. "I can't stand children," said one. "I could not bear the thought of having a child", another reported.

The fact that some survivors reject marriage and motherhood as a result of their experience of sexual abuse demonstrates one of the many effects of this form of victimization. Whether or not this is seen as a negative effect depends on one's perspective. One could argue that the survivors' perspective on whether it is positive or negative is the most important. One could also argue that because the culture they live in is pro-marriage and pro-motherhood, remaining single and "childless" is a negative outcome. A third point of view is that since many women are oppressed by their husbands, and since the role of mother in patriarchal societies places an unfair burden on them, women who manage to avoid such oppressive institutions are better off than their more conventional sisters.

5. The effect of incestuous abuse on sexual orientation

We have seen that many incest survivors feel they cannot trust men, while others feel disturbed or repelled by sex or relationships with men. Becoming involved with women enabled some of these women to enjoy intimate relationships that they could not enjoy with men, while for others, the negative feelings about sex and relationships with men also affected the quality of their relationships with women.

Many lesbians reject any notion that some women turn to lesbianism because of incestuous abuse or other traumatic experiences with men. They maintain that lesbians are women-loving, not man-hating. This is a political or ideological claim, however, not one that has been established by research. To my knowledge, no sound researcher has ever argued that traumatic sexual or other violent or negative experiences with men are key etiological factors in the origin of all lesbianism. However, both research and personal testimony suggest that such traumas do constitute one route to lesbianism for some women. Other survivors become or remain equally committed to heterosexuality. Knowledge about the determinants of these different outcomes awaits further research.

6. Incestuous abuse as a multi-generational phenomenon

Many survivors choose husbands/partners who resemble their perpetrators. For example, one survivor said: "My marriage was extremely destructive and life-threatening. The fact that I chose a man like my brother made me totally wary after we divorced because of the extreme danger I felt about getting into another committed relationship." In other words, she assumed that were she to become involved in another committed relationship, she would again choose someone like her perpetrator.

Explanations for becoming involved with partners who resemble the perpetrator vary. What is significant about it in this context is that it increases the likelihood that these survivors will be re-abused by their husbands/partners. In my US study there was a statistically significant relationship between a history of incestuous abuse and later experiences of rape, including wife rape and battery by a husband. This finding was interpreted as revealing how an early experience of abuse tends to undermine a victim's capacity to protect her boundaries. The sense of powerlessness that most incest victims experience is probably an important factor in this process.

A man who rapes or beats his wife is also more likely to sexually abuse his child(ren). Furthermore, abused wives are typically too cowed to be able to stop the abuse of their daughters, even when they are aware of it.

7. Incestuous abuse as a causal factor in sexual abuse

Although males who are sexually abused as children are far more likely than females to become perpetrators of sexual abuse, some female victims also become perpetrators, whether as children, juveniles, or adults. Only one survivor out of the 20 in my study admitted sexually abusing another family member (her sister); she was the same respondent who said: "If I hadn't read as much about the effects of sexual abuse and what abuse does to you, I think by now I would probably have abused my daughter so she would have to live the way I had to."

In summary, it is abundantly evident that incestuous abuse has a very negative impact on the survivor's families of origin and procreation. It is also important to recognize that the traditional patriarchal family structure is a major cause of incestuous abuse.

THE IMPACT OF FAMILY STRUCTURE ON THE OCCURRENCE OF INCESTUOUS ABUSE

Male supremacy and the power imbalance in the family

Some forms of incestuous abuse (particularly father-daughter) are a direct consequence of the power imbalance in the traditional patriarchal family. Incest researcher Judith Herman maintains that male supremacy creates the social conditions that favour the development of father-daughter incest. This is her theory in a nutshell (Herman 1981, pp. 62-63):

> Male supremacy invests fathers with immense powers over their children, especially their daughters. The sexual division of labor, in which women nurture children and men do not, produces fathers who are predisposed to use their powers exploitatively. The rearing of children by subordinate women ensures the reproduction in each generation of the psychology of male supremacy. It produces sexually aggressive men with little capacity to nurture, nurturant women with undeveloped sexual capacities, and children of both sexes who stand in awe of the power of fathers.
>
> Wherever these conditions obtain, father-daughter incest is likely to be a common occurrence. In any culture, the greater the degree of male supremacy and the more rigid the sexual division of labor, the more frequently we might expect the taboo on father-daughter incest to be violated ... The same logic applies to particular families within any one culture. The greater the domination of the father, and the more the caretaking is relegated to the mother, the greater the likelihood of father-daughter incest.

The fact that men are typically the primary breadwinners also makes it extremely difficult to deal with those cases of father-daughter incestuous abuse that are reported. When fathers are convicted for this crime, the family loses its primary breadwinner. This frequently has dire economic consequences for his wife and children. Because of the high stakes involved, economically dependent wives/mothers often betray their incestuously abused daughters by siding with their husbands. Hence the economic power of males serves to protect them from receiving the punishment they deserve. Instead, the betrayed and victimized daughters are often punished within the family for having made such a charge against their fathers. This often results in the intensification of these girls' feelings of powerlessness, and the resumption of the sexual abuse by the father (Herman, 1981).

In cases where the authorities have become involved, these daughters are often removed from their homes and forced to live in an institution or foster family where

many of them are at risk of being sexually revictimized (Herman, 1981). As Herman points out, "Once a girl has been branded as an incest victim, many men will find her sexually interesting and treat her like public property" (1981, p. 138). Hence, "many temporary shelter arrangements for girls are either inappropriate or unsafe for incest victims ... It is not unusual for the daughter to be subjected to sexual attentions from foster fathers and other members of the foster families" (1981, p. 138).

THE IMPACT OF INCESTUOUS ABUSE ON WOMEN AS A GENDER

The damaging effects of incestuous abuse often make it more difficult for women to compete in a male-dominated society and hence, easier for men to maintain their positions of power over women. Several examples of the deleterious effects of incestuous abuse on survivors' academic work were quoted in Chapter 7 (The long-term effects of incestuous abuse). For example, one survivor said, "I was not achieving at school so I dropped out in Std 8." Another reported that, "My academic work went down completely as a result of my father's abuse."

Some incest survivors also marry young in order to get away from the abuse at home. In my US study, incest survivors had children at a significantly younger age than women without a history of incestuous abuse. These factors make it more difficult for these women to realize other aspects of their creative potential.

A poor self-image, feelings of worthlessness, self-destructive impulses, eating disorders, relationship problems, etc., seriously handicap many survivors' development and achievement, to say nothing of their happiness and fulfilment. Just as apartheid has damaged many black South Africans both materially and psychologically, and just as the beatings and torture of black people have damaged some of them even more intensely, so has sexism damaged women and girls both materially and psychologically. Sexism's more extreme manifestations, such as woman beating, misogynist murder, and incestuous abuse, have increased this damage. These are examples of the ways in which both black people and women have been kept subordinate to white people and men.

In South Africa, as elsewhere, sexual violence against females, including incestuous abuse, has been privatized and depoliticized. It is typically seen as "merely" a personal problem. Instead, it should be recognized that these manifestations of sexism have been institutionalized throughout society, just as racism and homophobia have been. There is no logical reason for singling out women's oppression from other forms of oppression and regarding the former as personal and the latter as political.

LOOKING AHEAD

Incestuous abuse is one of the most neglected, misunderstood, and taboo topics in the field of violence against females in South Africa. The terrible silence about it increases the suffering of incest victims/survivors, as well as protecting the perpetrators and allowing them to freely continue their destructive behaviour while remaining unpunished.

How is this silence most effectively broken? How do we ensure that incest victims and survivors stop being blamed for their abuse? The answer lies in taking action.

This report was completed at the end of January 1994. However, revisions were made after the first democratic elections in the history of South Africa culminated in an ANC-led government. The ANC has shown itself to be very willing to embrace progressive policies on some issues, such as the rights of homosexuals. I see no reason why this openness to progressive change should not extend to survivors of incest and extrafamilial sexual abuse, as well as survivors of other forms of sexual violence.

Before reforms can be made, however, adult incest survivors and their advocates, both professional and non-professional, must come together to formulate a set of coherent demands. I will end by suggesting one way such a group of advocates could be formed. I presented the following proposal to the Annual General Meeting of the Second African Conference on Child Abuse and Neglect that took place in Cape Town in September 1993. After a small amendment was made (which I have incorporated), it was passed unanimously.

A task force on incestuous abuse

I propose the setting up of a task force on incestuous abuse to formulate policies devised to prevent incestuous abuse, as well as ameliorative policies that will help incest victims/survivors to stop the abuse, to recover from the abuse, and to seek legal redress for the abuse in the courts of law. The task force should also develop strategies for the implementation of reforms that its members and other concerned individuals and organizations devise.

Perhaps a special committee of experts on incestuous abuse should be appointed by the Attorney Generals in each province. At least 25% of the members of the incest task force should include adult incest survivors who are willing to forgo their anonymity in order to try to ensure that the implementation of reforms are truly sensitive to the needs of incest victims and survivors. Prospective members of the task force should be rigorously questioned about their views on incestuous abuse, as well as about their understanding of gender oppression in general, and how incestuous abuse fits into gender oppression.

REFERENCES

Armstrong, L. 1978. *Kiss Daddy goodnight.* New York: Hawthorn Press.

Bagley, C. & King, K. 1990. *Child sexual abuse: The search for healing.* New York: Routledge, Chapman and Hall.

Bagley, C. & Thurston, W. 1989. *Preventing child sexual abuse: Reviews and research,* Vol. 1. Calgary, Alberta: Faculty of Social Work, University of Calgary.

Briere, J. & Malamuth, N. 1983. Self-reported likelihood of sexually aggressive behavior: Attitudinal versus sexual explanations. *Journal of Research in Personality,* 8.

Briere, J. 1989. *Therapy for adults molested as children: Beyond survival.* New York: Springer.

Browne, A. & Finkelhor, D. 1986. Initial and long-term effects: A review of the literature. *In:* Finkelhor (ed.) *Sourcebook on child sexual abuse.* Beverly Hills, California: Sage Publications.

Brownmiller, S. 1975. *Against our will: Men, women, and rape.* New York: Simon & Schuster.

Cape Times. August 4, 1993. Rape: Grandfather freed.

Cape Times. September 3, 1993. Rapist dad abuses younger daughter.

Collings, S. 1989. Social stereotypes and the likelihood of criminal conviction in cases of child sexual abuse: A research note. *Agenda: A Journal about Women and Gender,* No. 5.

Collings, S. 1991. Childhood sexual abuse in a sample of South African university males: Prevalence and risk factors. *South African Journal of Psychology,* 21(3).

Collings, S. 1994a. The long-term psychological effects of child sexual abuse in a sample of university men. *Children for Africa: Second African conference on child abuse and neglect.* Cape Town: South African Society for the Prevention of Child Abuse and Neglect.

Collings, S. 1994b. The traumatic effects of childhood sexual abuse: A syndrome in search of a theory. *Children for Africa: Second African conference on child abuse and neglect.* Cape Town: South African Society for the Prevention of Child Abuse and Neglect.

Collings, S. 1994c. Factors associated with differential long-term adjustment to a childhood sexual experience. Unpublished doctoral thesis, University of Natal, Pietermaritzburg.

Collings, S. 1994 (September 25). Personal communication.

Collings, S. 1994 (September 30). Personal communication.

Court, John. 1979. Pornography and rape in White South Africa. *De Jure,* 12(2).

Courtois, L. 1988. *Healing the incest wound.* New York: Norton.

Cronjé, D.S.P. 1991. *The South African Law of Persons and Family* (2nd Edition).

Draijer, N. 1990. *Sexsuele traumatisering in de jeugd.* Amsterdam: Uitgeverij Sua.

Faller, K. 1988. *Child sexual abuse.* New York: Columbia University Press.

Farley, M. & Keaney, J. 1994. Development of a scale to measure physical symptoms in adults who report childhood trauma: A pilot study. *Family Violence and Sexual Assault Institute*, 10(1-2).

Finkelhor, D. 1979. *Sexually victimized children*. New York: Free Press.

Finkelhor, D. 1984a. Boys as victims. *In*: Finkelhor, D. *Child sexual abuse: New theory and research*. New York: Free Press.

Finkelhor, D. 1984b. *Child sexual abuse: New theory and research*. New York: Free Press.

Finkelhor, D. 1986. *A sourcebook on child sexual abuse*. Beverly Hills, California: Sage Publications.

Finkelhor, D. 1990. Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice*, 21(5).

Finkelhor, D. 1994. The international epidemiology of child sexual abuse. *Child Abuse and Neglect*, 18(5).

Funani, L. 1992. Nigerian Conference revisited. *Agenda: A Journal about Women and Gender*, No. 15.

Gagnon, J. 1965. Female child victims of sex offenses. *Social Problems*, 13.

Goodwin, J. 1982. *Sexual abuse: Incest victims and their families*. Boston: John Wright.

Hansson, D., Carolissen, R. & Prinsloo, R. 1989. Progressive participatory research: Stress factors in Manenberg. *Critical Health*, 28.

Herman, J. 1981. *Father-daughter incest*. Cambridge, Massachusetts: Harvard University Press.

Hooks, B. 1981. *Ain't I a woman: Black women and feminism*. Boston: South End Press.

James, J. & Meyerding, J. 1977. Early sexual experience as a factor in prostitution. *Archives of Sexual Behavior*, 7(1).

Kinsey, A., Pomeroy, W., Martin, C. & Gebhard, P. 1953. *Sexual behavior in the human female*. Philadelphia: Saunders.

Kirkengen, A.L. 1992. Unpublished research paper. Oslo, Norway.

Lederer, L. 1980. *Take back the night: Women on pornography*. New York: William Morrow.

Levett, A. 1988. Psychological trauma: Discourses of childhood sexual abuse. Doctoral thesis, University of Cape Town, Cape Town.

Levett, A. 1990. Childhood sexual abuse and problems in conceptualizations. *Agenda: A Journal about Women and Gender*, 7:38-47.

Levett, A. 1992. Regimes of truth: A response to Diana Russell. *Agenda: A Journal about Women and Gender*, 12: 67-74.

Levett, A. & MacLeod, C. 1991. Child sexual abuse: South African research on incidence, prevalence and intervention (1984-1990). *Southern African Journal of Child and Adolescent Psychiatry*, 1(2).

MacLeod, C. 1990. Child sexual abuse in South Africa: Literature and research review (1984 - 1989). Honours dissertation, University of Cape Town, Cape Town.

Mayne, A. 1989. Feminism and the anti-rape movement. *In*: Russell, D. *Lives of courage: Women for a New South Africa*. Cape Town: David Philip.

Mayne, A. 1993. Discourse on damage: The debate continues. *Agenda: A Journal about Women and Gender*, 16: 19-32.

Molteno, C. 1984. Sexual abuse of children: A profile. *In*: Graser, R. & Winship, W. (eds). *Sexual Abuse: A Southern African problem*. Johannesburg: SASPCAN.

Preston-Whyte, E. 1990. Research ethics in the social sciences. *In*: Mouton, J. & Joubert, D. (eds). *Knowledge and method in the Human Sciences*. Pretoria: HSRC.

Pomeroy, W. 1976. A new look at incest. *Forum*, November.

Robertson, G. 1989. *Sexual abuse of children in South Africa*. Hammanskraal: Unibook.

Russell, D.E.H. 1975. *The politics of rape*. New York: Stein & Day.

Russell, D.E.H. 1984. *Sexual exploitation: Rape, child sexual abuse, and workplace harassment*. Beverly Hills, California: Sage Publications.

Russell, D.E.H. 1986. *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.

Russell, D.E.H. 1990. *Rape in marriage*. Bloomington, Indiana: Indiana University Press.

Russell, D.E.H. 1991. The damaging effects of discounting the damaging effects: A response to Ann Levett's theories on child sexual abuse. *Agenda: A Journal about Women and Gender*, 11: 47-56.

Russell, D.E.H. 1993a. All I am saying ... to set the record straight. *Agenda: A Journal about Women and Gender*, 18: 58-61.

Russell, D.E.H. (ed.). 1993b. *Making violence sexy: Feminist views on pornography*. New York: Teachers College Press.

Russell, D.E.H. 1993 (January). Bloedskande: Die donker geheime van die Boerepatriarge. *Vrye Weekblad*.

Russell, D.E.H. 1993 (March). The divine right of the father: Incest in the white Afrikaner tribe. *Off our backs*. (U.S. publication)

Russell, D.E.H. 1994a. *Against pornography: The evidence of harm*. Berkeley, California: Russell Publications.

Russell, D.E.H. 1994b. Pornography and rape: A causal model. (Revised version of article previously published in USA.) *In*: Jagwanth, S., Schwikkard, P. & Grant, B. (eds). *Women and the Law*. Pretoria, South Africa: Human Sciences Research Council.

Russell, D.E.H. 1994c. US pornography invades South Africa: A content analysis of *Playboy* and *Penthouse*. *In*: Jagwanth, S., Schwikkard, P. & Grant, B. (eds). *Women and the Law*. Pretoria, South Africa: Human Sciences Research Council.

Russell, D.E.H. In progress. *Behind closed doors in White South Africa: Incest survivors tell their stories*. London: Macmillan.

Russell, D.E.H. & Finkelhor, D. 1984. The gender gap among perpetrators of child sexual abuse. *In*: Russell, D. *Sexual exploitation: Rape, child sexual abuse, and workplace harassment*. Beverly Hills, California: Sage Publications.

Sandler, H. & Sepel, N. 1990. Violence against children: Sexual abuse. *In*: McKendrick, B. & Hoffmann, W. (eds). *People and violence in South Africa*. Cape Town: Oxford University Press.

Silbert, M. & Pines, A. 1981. Sexual child abuse as an antecedent to prostitution. *Child Abuse and Neglect: The International Journal*, 5.

Snyman, C.R. 1989. *Criminal Law*. 2nd Edition. Durban: Butterworths.

Theart, C. 1988. *Sexual abuse*. Braamfontein: South African National Council for Child and Family Welfare.

Walker, L. (ed.) 1988. *Handbook on sexual abuse of children*. New York: Springer.

Wyatt, G. 1985. The sexual abuse of Afro-American and White women in childhood. *Child Abuse and Neglect: The International Journal*, 9.

Wyatt, G. & Powell, G. (eds). 1988. *The lasting effects of child sexual abuse*. Beverly Hills, California: Sage Publications.

Zillmann, D. & Bryant, J. 1984. Effects of massive exposure to pornography. *In*: Malamuth, N. & Donnerstein, E. (eds). *Pornography and sexual aggression*. New York: Academic Press.

APPENDIX I

REASONS FOR CONFINING THIS STUDY TO WHITE WOMEN

When I wrote the grant proposal for this exploratory study, I intended to interview incest survivors from all race/ethnic groups. However, in the course of doing this research, I decided instead to confine my study to white women. This was a very serious decision, and one that required thoughtful justification to the HSRC. Following is a description of the evolution of my thinking on this issue.

I came to South Africa in 1991 wanting to pursue research on violence against women in this country. I wanted to find out what South Africans – particularly black South Africans – thought and felt about the politics of white feminists conducting research on black women before I embarked on such research. Such research has been frowned upon by many black women in the United States for several years. The multi-ethnic semi-feminist participants at the Conference on Women and Gender in Southern Africa organized by the Gender Research Group in Durban seemed to be a good opportunity to try to find the answer to this question.

There was an angry outburst at this conference by a few black women critical of white researchers who conduct research on black people. These women said that such research is typically exploitative and disempowering for the black people studied; that while white people make their careers out of publishing research on black people, their findings are rarely communicated to their "subjects;" that the content of the research had more to do with what was seen as relevant in white researchers' disciplines than to the concerns of the black people studied; that black people do not benefit from taking the time to participate in such studies; that they were fed up with white researchers focusing on the problems in black communities while failing to conduct research on the problems in white communities; that such research often reinforces the racist notion that white communities are devoid of problems thereby contributing to the myth of white superiority. White researchers, they said, should start conducting research on the problems among whites and leave black people alone.

These views are similar to those expressed by many black people and progressive whites in the United States, England, and Germany.[20] This is not to say that all black

---

20 For example, in her book, *Ain't I a woman?* (1981), African American feminist scholar Bell Hooks castigated many white feminists such as Gloria Steinem, Adrienne Rich, and Gerder Lerner for writing about black women and/or assessing the value of black women's work. The reasoning is that the perceptions and interpretations of white researchers are necessarily distorted by their white and class privilege, and in many cases by their racism and classism as well. Indeed, their very choice of what to research will be affected by these, as well as other, factors.

women at the Women and Gender Conference agreed with these views. It is impossible to know what the silent black women felt. Only a small minority of the participants were black making it unlikely that some/many felt sufficiently safe or comfortable to be completely frank in this white-dominated setting.

I consulted many people during the six months following this Conference – the length of my 1991 stay in South Africa – about how to interpret this experience. Since the views of the black women described above were considered to be exceptional, I decided to conduct my research on women in all South African ethnic groups. This was reflected in the grant proposal I submitted to the HSRC.

On returning to South Africa in 1992, I read a report on a conference on women in Africa and Africans in Diaspora that was held at the University of Nigeria July 11-22, 1992 (Funani, 1992). According to author Lumka Funani, the hot question at this conference was, "Should white women present papers about black women's experiences?" (p. 63). Black women from the United States, who were in the majority at the conference, unanimously answered "No". Except for the organizers, African women outside of South Africa agreed with the African American women. Much to the amazement of Funani, the South African women, whom she referred to as "the most oppressed," wanted all women, including whites, to be able to read their papers. The South African women even noted in their statement that "a significant number of white scholars have made a tremendous contribution in the transformation of society" (p. 67). This position is, of course, consistent with the policies of the African National Congress.

Funani supported the majority view at the Nigerian conference by making the following points: "The belief is that one can talk only from experience i.e., when one has lived such experience" (p. 64). Funani described a "Euro-African" or "coloured" woman as "amongst those who cannot fully know African experiences" (p. 66).

> When our white counterparts claim to *know* the black women's experience because they have done research in these areas, we have to question the meaning of their 'knowing' this (p. 64) ... They have a choice to withdraw which in actual fact they often do when the situation gets uncomfortable or unfavourable (p. 64) ... African women have been dumb for years about their own experiences – white counterparts were always there to talk for them but I feel the time has come for us to stand and talk for ourselves (p. 66) ... The white women about whom the debate was raging, instead of allowing the black women to reach their own conclusions, dominated the argument by virtue of their whiteness – and therefore greater degree of articulateness (p. 66).

Finally, Funani concluded by saying: "We need our own space to explore our own realities, first, before we can make this space available to others" (p. 68).

Funani's arguments are reminiscent of Steve Biko's when he led African students out of a white-dominated conference of the National Union of South African Students (NUSAS) in Grahamstown, and founded a new organization for blacks called the South African Student Organization (SASO) in 1974. Similar views are increasingly being articulated by some black South African women. The Black Power movement in the United States preceded the black consciousness movement in South Africa by many years. Similarly, many black women in the United States have been articulating Funani's views for many years.

Interestingly, some progressive whites in South Africa have been enunciating the same arguments, but in the context of class, not race. In an article about a community study in Manenberg, a poor, "coloured" community in Cape Town, for example, Desirée Hansson, Ronelle Carolissen and Rachel Prinsloo (1989, pp 61-62) conclude that:

> For progressives in the social sciences, perhaps the most crucial lesson to be learned from the research project is that South African working class communities perceive social science research to be both exploitative and irrelevant. Their experience of researchers in general, seems to have been that of privileged academics intruding on economically deprived communities, invading the privacy of residents to collect information that is neither useful nor meaningful to those being studied. More often than not, researchers benefit, not those whose participation makes the findings possible. (Also see Preston-Whyte, 1990, pp. 239-259.)

Whether or not one agrees with the views of the working class people quoted in the passage above, it is important to be cognizant of them. I believe that concern about the race, gender, and social class of researchers in relation to the race, gender, and social class of the communities in which they conduct their investigations, is likely to increase in the near future.

For these and other reasons I decided to limit my study to interviews with white women. It is of the utmost importance that researchers from other race/ethnic groups are funded to conduct studies on incestuous abuse in their communities.

APPENDIX II

CONSENT FORM

I hereby confirm that I understand that Diana Russell is preparing a book on incestuous abuse in South Africa, and I have agreed to be interviewed by her for this project. I am aware that my agreeing to be interviewed by her will give me the option of receiving a free copy of *The politics of rape*, or *Rape in marriage*, or *The secret trauma: Incest in the lives of girls and women*, in appreciation for my participation in this research. I also understand that this interview will be confidential, and that any publication of it – in whole or in part – will respect my anonymity if I so choose.

Do you want this interview to be confidential? 1. Yes 2. No

If yes, please choose another first and last name: .....

.....

Indicate here which of Diana's books you would like her to send you in appreciation for this interview: .....

.....

Address to which she should send my book if not available now:

.....

.....

Print name: .....

Phone numbers: Home: ..... Work: .....

Signature: .....

Date: .....

107

APPENDIX III

FORM FOR OBTAINING BASIC DEMOGRAPHICS ON INCEST SURVIVORS

1. Respondent's age: .....
2. Respondent's education: .....
3. Respondent's current occupation: .....
4. Respondent's main occupation: .....
5. Respondent's social class (self-described): (a) upper; (b) middle; (c) working class .....
6. Father's name, education & occupation: .....

   .....
7. Father's age & ethnicity: .....
8. Mother's name, education & occupation: .....

   .....
9. Mother's age & ethnicity: .....
10. Respondent's religion: (a) reared in .....

    (b) current preference .....
11. Respondent's marital status: (a) single; (b) married; (c) divorced; (d) separated

    .....
12. Respondent's number of marriages: .....
13. Respondent's maternal status: (a) has born a child; (b) has not born a child.

    If (a), how many children? Ages and sexes? .....

    .....

    .....

    .....

14. Husband's name, education & occupation: .....

.....

15. Husband's age & ethnicity: .....

16. Respondent's sexual preference: (a) heterosexual; (b) lesbian; (c) bisexual;

(d) unsure/other: .....

17. Respondent's siblings:

		Name	Sex	Age
a)	eldest:	.....		
b)	2nd:	.....		
c)	3rd:	.....		
d)	4th:	.....		
e)	5th:	.....		
f)	6th:	.....		
g)	7th:	.....		

18. Main perpetrator's name & relationship to respondent: .....

.....

19. Main perpetrator's age & ethnicity: .....

20. Main perpetrator's education & occupation: .....

.....

21. Main place respondent reared: .....

ABOUT THE AUTHOR

Diana E. H. Russell obtained her B.A. from the University of Cape Town, South Africa in 1958; a Postgraduate Diploma from the London School of Economics and Political Science (with Distinction) in 1961; an M.A. from Harvard University in 1967; and a Ph.D. from Harvard University in 1970. She received the Mostyn Lloyd Memorial Prize awarded to the best student studying for the Postgraduate Diploma at LSE in 1961.

Dr Russell is Professor Emerita of Sociology at Mills College, California, where she taught sociology and women's studies for 22 years. She is author of *Rebellion, revolution and armed force: A comparative study of fifteen countries with special emphasis on Cuba and South Africa* (1974); *The politics of rape* (1975); author and co-editor of *Crimes against women: The proceedings of the International Tribunal* (1976); author of *Rape in marriage* (1982); *Sexual exploitation: Rape, child sexual abuse and workplace harassment* (1984); *The secret trauma: Incest in the lives of girls and women* (1986); *Exposing nuclear phallacies* (1989); *Lives of courage: Women for a New South Africa* (1989); and co-editor of *Femicide: The politics of woman killing* (1992); author/editor of *Making violence sexy: Feminist perspectives on pornography* (1993); and author of *Against pornography: The evidence of harm* (1994).

The secret trauma won the 1986 C. Wright Mills Award. This award is given annually by the Society for the Study of Social Problems for outstanding social science research that addresses an important social issue.

Dr Russell has been active in the women's liberation movement since 1969. She started teaching the first course in women's studies at Mills College at that time. She was one of the main organizers of the 1976 International Tribunal on Crimes Against Women. She was arrested three times for her political activism, in South Africa (1963), England (1974), and the United States (1990) (for anti-pornography work).

In 1976 Dr Russell became one of the founding members of Women Against Violence in Pornography and Media (WAVPM). She remained active in this organization – the first feminist anti-pornography group in the United States – for many years.

Dr Russell has lectured widely, in the United States and abroad, about the political situation in South Africa, rape, incest, child sexual abuse in general, pornography, and all forms of violence against women.

For far too long incest in South Africa has been a subject clouded in secrecy and veiled in taboos. What little research has been done seems to suggest that victims of incestuous abuse did not suffer any long-term effects. However, this exploratory study by Diana Russell – an internationally recognised expert on the issue – shows otherwise. Encouraged by her concern, twenty incest survivors spoke openly of their horrifying experiences and the subsequent effect these experiences had on their adult life, their families and their marriages. Without exception, all these women reported experiencing a range of long-term effects following their childhood abuse, often to a debilitating degree. While this study only represents an early beginning of in-depth research on the issue, its impact will be far-reaching. Not only will it stimulate further research but, more importantly, it will hopefully encourage incest survivors to speak openly of their experiences, thereby shattering the silence that shields the perpetrators and imprisons the victims.

About the author: Professor Diana Russell is recognised internationally as one of the foremost experts on sexual violence against women. For the past 25 years she has been extensively involved in research on this topic and has produced numerous books and articles which have become authoritative sources on issues such as rape, incest, wife battering and pornography. She has pioneered new thinking in this field and is much sought after as a speaker.

HSRC
RGN
Publishers / Uitgewers

ISBN 0 7969 1651 9

9 780796 916518 >

11